that nortestosterone compounds such as *norethisterone* ("primolut N") will replace androgens for these conditions.

The mode of action of androgens in arresting the progress of inoperable breast cancer is still not completely understood. Until recently it was considered necessary to administer high doses of androgens to bring about these results. Even methylandrostenediol and methylandrostanolone were apt to produce virilizing side-effects when given in the large doses needed. There are reports, however, that the new nortestosterone preparations do not give rise to masculinizing manifestations but are effective both in halting the malignant process and also in regenerating bone in the osseous metastases which often accompany the carcinomatous process. This may be due to the anabolic rather than the anti-oestrogenic effect of the drug.

Anabolic Therapy

Androgens are the most potent therapeutic agents at present available for laying down protein in the tissues, especially skeletal muscle and the matrix of bone. Men suffering from deficiency of androgen—eunuchoids and castrates—complain as much of muscular weakness as of lack of secondary sex characters and impotence. Androgenic deficiency secondary to pituitary failure due to such pituitary tumours as craniopharyngioma or chromophobe adenoma results in loss of protein and a negative nitrogen balance. Cushing's syndrome, in which protein is extracted from muscle and bone to be converted to glycogen, leads to osteoporosis and muscular atrophy. Senile osteoporosis is due to lack of oestrogen, which stimulates osteoblasts to lay down calcium and phosphorus in the bone, and to lack of androgen, which is responsible for building up the matrix of the bone upon which the calcium and phosphate are deposited.

The anabolic action of androgens and the osteoblastic activity of oestrogens are therefore beneficial in these conditions. Until recently this was provided by giving a combination of methyltestosterone and an oestrogen such as ethinyloestradiol or stilboestrol. The new potent nortestosterone compounds and other anabolic agents are likely to be more effective than methyltestosterone with less risk of producing virilizing side-effects.

Conclusion

Androgens are administered mainly for three purposes: to provide replacement therapy, to counteract the effect of prolonged or excessive oestrogen influence in certain functional menstrual disorders, and to encourage protein anabolism.

For replacement therapy the most long-acting and economical preparation should be selected. Implantation of testosterone pellets is probably the best way of satisfying these criteria, but the inconvenience of implanting the pellets is a great disadvantage. Long-acting testosterone esters which can be injected weekly (testosterone phenylpropionate), fortnightly (testosterone oenanthate), or monthly (sustanon) are therefore likely to take the place of implants for this purpose.

Androgen therapy in gynaecology is still effectively undertaken by giving methyltestosterone in 10-mg. doses daily. The new 19-nortestosterone compounds, which are powerful oral progestogens, are likely to replace methyltestosterone because they are capable of producing a more physiological remedy by restoring the normal

oestrogen-progestogen ratio instead of providing an "anti-oestrogen."

The potent anabolic properties of certain of the new 19-nortestosterone and other compounds may prove valuable in the treatment of osteoporosis and cancer of the breast with osseous metastases.

BOYS WHO COMMIT SEXUAL MISDEMEANOURS

BY

D. T. MACLAY, M.D., D.P.M.

Psychiatrist, Uffculme Clinic, Birmingham

If not the medical profession, at least many members of the public are apt to think that juvenile sexual delinquency is at least as serious as and probably more dangerous than most other forms of misdemeanour. My experience in dealing with a small number of boys responsible for such misconduct has engendered a degree of optimism with regard to the probable outcome if their cases are handled imaginatively.

Doshay (1943) studied 256 juvenile sex offenders who had been treated at the New York City Children's Court clinics between June, 1928, and June, 1934. None of the 108 of them who had no convictions for offences other than sexual had been known to commit a sex offence in later years, whereas of the remaining 148, who had as children committed other offences as well as sexual ones, only eight were known to commit violations of the sexual code in later life, and the 10 sexual offences committed by these eight were of a comparatively mild nature.

Mannheim (1948) found that the number of sexual offences was very small. In medical literature, however, there seems to be a dearth of contributions specifically dealing with juvenile sexual delinquency, and this justifies the writing of the present paper based, as unfortunately it is, on a small number of cases.

I think that sexual misbehaviour arises to quite a large extent from the need for expression of natural feeling among boys whose lack of self-confidence precludes them from asking from girls a reciprocal expression of instinctive urges in a culture the taboos of which block too many of the avenues to expression of these urges both in childhood and in adolescence. The other situation that seems to me to be of special importance is that some young people are unable to exercise the restraint that official society says that they should, and it is possible that some of these children may be less guilty of want of self-control than are the adults who judge them.

Cases of Indecent Assault

A 16-year-old boy in a country district had sexually assaulted a girl not far from his home. In addition to being brought before the juvenile court he was thrashed by his father, but the local policeman told the probation officer that the boy's father had, in his time, behaved similarly, but by ordinary standards his home was not unsatisfactory. The boy was of low average intelligence, and in interview he seemed to be reasonably adjusted to his environment and did not display any psychological abnormality. He had been referred by the magistrates, and I reported to them that I did not think that the punishment he had had at the hands of his father had been misplaced, and that I felt probation would meet his emotional and educative requirements. A year and nine months later the probation officer

reported that matters appeared to be entirely satisfactory. This boy was one of 17 who were brought to the clinic, usually via the juvenile court, because of some form of indecent assault.

A boy of almost 15 years, who was already on probation, having been convicted of wilful damage, indecent telephone messages, and having no front light, had indecently assaulted a boy aged 3. An intelligence test was not possible at the time, but his school report indicated poor progress, and he was assessed as probably coming into the low average group. He was an immature boy, apparently happy enough in his home but unequal to the social contacts of the outside world, and the psychiatrist recommended that he should have a further period of probation and attend the child-guidance clinic. The magistrates sent the boy to an approved school. Four and a half years later he was found guilty of indecent assault on a girl of 7. It is tempting to wonder if, had he been allowed to remain in his home and to have the psychiatric treatment recommended, he would, at the age of 19, have committed this further offence.

A 16-year-old boy admitted that he had several times put his penis between the legs of his 7-year-old stepsister and had emissions. He was a shy, insecure lad, whose intelligence was estimated as being average and who had been unable to make suitable approaches towards girls of his own age; the psychiatric recommendation was that he should come to the child-guidance clinic. The court accepted this recommendation, and at the same time the probation officer arranged that he should have a change from his unhappy home to living with his married sister. Two and a half years later the probation officer gave a report of very satisfactory progress and development in the meantime.

A boy aged 15 was referred by the court following acts of indecent assault on his small half-brother and half-sister. He was an anxious, well-intentioned child, probably of average intelligence, who felt much insecurity and bewilderment about sexual matters. The psychiatrist offered to see the parents, and suggested that if they were co-operative the boy might be given an absolute discharge. The magistrates adjourned the case for three months, asking the probation officer to keep in touch during this time, and at the end of this period, on receiving a satisfactory report from the probation officer, they gave an absolute discharge. Four and a half years later it was ascertained that the patient was still serving in the Army in the regimental band, but no further details were forthcoming.

A solitary 16-year-old boy of apparently average intelligence, the child of a broken marriage, lived with his father, with whom he had a poor relationship. He sexually assaulted his 5-year-old half-sister, and said that he had done so in order to spite his father, who was her father, too. At the suggestion of the clinic the boy was put on probation for two years with the condition that he resided with an uncle and aunt. This was a happy arrangement, and there was no further trouble during the period of probation, but beyond that time it was not possible to obtain further news.

The next boy, who was almost 13 years old, on several occasions displayed undue interest in the sexual organs of a girl cousin, and there were several other signs of maladjustment and insecurity. His behaviour and attitude were already showing improvement when he was first seen at the clinic, and it was not thought necessary to take him for treatment. More than three years afterwards we obtained a satisfactory report on his progress.

A 16-year-old boy, whose parents were divorced, had been interfering sexually with the little girl next door. Probation was suggested by the clinic and ordered by the court. Two and a half years later the probation officer was able to report very favourably.

A 14-year-old boy of good average intelligence was referred to the clinic on account of attempted sexual intercourse with two girls, aged 5 and 6 respectively. His home appeared satisfactory. He was a very insecure, inhibited boy, a poor mixer, and had wet his bed from the age of 8 until he was 13. He was taken at the clinic for

treatment, but was allowed to stop after seven attendances because of his unwillingness to come. For some time after this his behaviour occasioned a good deal of concern at home, but almost seven years after the incident he was stated to be "going along fine."

A boy of 16 was referred by the court following an indecent assault on two little girls, whom he and another boy (next case described) had inveigled into an old motor-car which the boy under consideration had bought, though too young to be allowed to drive. He was in a class at school for retarded "C" stream children. His home background was considered to be indifferent. Some years earlier he had had treatment at another child-guidance clinic, and on the present occasion he was unwilling to have treatment. He also was already on probation at the time of the present offence. Treatment at an approved school was recommended, but the magistrates allowed him to remain on probation. A year later he attended an adult psychiatric out-patient department regularly for 11 months, and from an inquiry 4½ years after the offence it seemed that there had been no further trouble.

The other boy involved was also aged 16. He appeared to be of average intelligence and came from a satisfactory home, his mother having remarried after his father's death five years earlier. He appeared to be a fairly normal boy, and was accepted at the clinic for treatment while on probation. A report from the probation officer 4½ years later indicated that his progress had been most gratifying.

A more difficult case was that of a highly intelligent boy aged 15 who was brought to the clinic by his adoptive parents after there had come to light a long series of incidents of sex play with a little girl who was their natural daughter. The earliest years of his life, before his adoption, had been marked by no small degree of rejection, and on better acquaintance he turned out to be a somewhat affectionless character. A long period of active co-operation between the psychiatrist, the adoptive parents, the children's officer, and the boy's headmaster resulted in a degree of stability, and at the time of writing, 20 months after we first saw him, the outlook is promising.

A 9-year-old boy was brought to the clinic because a policeman's daughter had complained that he asked her to pull her pants down. There were one or two other behaviour disorders, such as stealing and temper tantrums. His intelligence was average. He was taken for treatment at the clinic, and it was felt that he had been helped by 18 attendances. Six years afterwards his headmaster reported that he was much given to stealing and lying, that he was on probation, and that he was slick, apparently full of confidence but backward in school work.

A well-set-up intelligent 16-year-old boy was referred because he had been forcibly holding the hand of a girl who travelled to work in the same train. He was also subject to enuresis. He was shy, insecure, and sexually ill-informed, and the psychiatrist suggested that he might be given a conditional discharge, the condition being that he attend the clinic. The boy promised to accept the condition, and was therefore given an absolute discharge. A good report of him was received some five months afterwards, but no reply has been received to a letter written several years later.

A boy of 16, of average intelligence, was referred to the clinic because he had stolen a motor-cycle, but he had been referred 10 months previously to another clinic because of telling lies and of having interfered sexually with a girl aged 6. He had a sense of grievance against his father, and possibly against adults in general. Two and a quarter years after the first referral he was reported as having married, but being still emotionally unstable.

A boy aged 12 was referred for interfering sexually with his sister. He was an unhappy boy who felt unloved, but he did not wish to attend for treatment, and it was not possible to obtain information about his subsequent progress. The misdemeanour was probably little worse than average behaviour in his social group, but the circumstances are in

line with a concept of my own, to the effect that this sort of behaviour tends to be more common among children who are unhappy or whose capacity for good emotional relationships is impaired.

The two remaining boys who committed indecent assaults did so in rather florid manner.

The first was a 15-year-old of average intelligence who, meeting two girls on the road, exposed himself and tried to feel between their legs and then ran away. He was an only child, whose father had deserted the home some years previously. He was shy and insecure, and had difficulty in mixing with others. He had also several convictions for larceny, but had not been to the clinic before. The psychiatrist recommended to the court that he be placed on probation and allowed to come to the clinic, but the magistrates felt unable to accede to this, and they sent him to a probation hostel in another city. Here he met a man, aged 42, who had homosexual relations with him, and for this they were both brought before the Assize Court in that town. The man was committed to prison and the boy placed on probation, so that he came back home and returned to the child-guidance clinic, where he had about 14 interviews. There appeared to be a substantial improvement in his outlook; he gained a little in self-confidence, and two years after the original episode he was reported to be doing comparatively well and maintaining a fairly steady relationship with a girl friend. An interesting feature was that after the boy's treatment was more or less complete the psychologist said to the psychiatrist, "I thought you were wrong (in expecting a good result from out-patient treatment), but I was mistaken."

The last of the group was a clumsy, shy boy of 15, who might have been regarded as dull and backward had not an intelligence test shown him to be well within the average group. He had attended another child-guidance clinic about three years earlier on account of bed-wetting. His father had long suffered from disseminated sclerosis, and this had produced difficulties which may justify us in considering his home to have been inadequate to the boy's needs. What apparently happened was that he was passing along the street in daylight when he saw several girls of around his own age, who were standing on the pavement, and that he quickly put his hands under their frocks to feel their bodies. It was a flagrant offence, and though he invented a story that he suffered from "black-outs" to explain his behaviour, he had in fact no mental abnormalities of this sort. Nevertheless the magistrates accepted the recommendation of the psychiatrist, to the effect that out-patient treatment at the clinic was what the boy needed, and he was put on probation on the understanding that he would attend. In 12 subsequent interviews the various aspects of his life were discussed, without undue emphasis on sexual matters, and nearly two years after the offence there had been no cause for complaint about his behaviour, and he appeared to be adjusting slowly and with difficulty to social conditions generally. In his case, as in those of not a few of the other boys, the support of the probation officer was a valuable influence.

Sexual Intercourse

A 16-year-old boy had been having sexual intercourse with his girl friend, who was only 14. He appeared to be of average intelligence, and revealed no actual abnormality. His behaviour was the result of want of self-control, and he seemed to be ignorant of the legal sanction against intercourse with a girl of this age. He had been brought before the magistrates, and I suggested that probation would afford him a useful measure of support, guidance, and sympathetic discipline. More than a year later the probation officer stated that the boy had done well in the intervening period, adding that his parents set a fair standard, and that, together with the influence of supervision, he was making an adequate response.

The legal position as regards carnal knowledge seems to me an unsatisfactory one. Apparently a boy of 8 who

indulged in sex play with a girl of 15 would be guilty of the offence, whereas a man of 21 who seduced a girl of 16 would not.

By coincidence a second boy aged 16 was referred by the same juvenile court on the same day charged with the same offence, and the girl was also 14. He appeared to be a normal boy of average intelligence, and came from a satisfactory home. Probation was recommended, and the court adopted this recommendation with the result that the probation officer was able to give a very favourable report of the boy a year afterwards.

Indecent Exposure

In three cases the delinquency took the form of indecent exposure.

Kanner (1948) says of exhibitionism that where this is done with a view to deriving gratification from the display of a boy's sexual organs it is rare in children and occurs mostly in retarded and post-encephalitic boys. While agreeing that the offence is commoner in men than in boys, I find it difficult to think that it is so rare in boys or that the boys involved are so usually abnormal. In my own series of 87 delinquent boys, 14 had been referred because of sexual offences, and one of the 14 was a case of indecent exposure (Maclay, 1956), and in my present series of 29 boys who committed sexual misdemeanours of one kind or another three had been brought for this particular offence.

A 15-year-old boy had been assessed as dull and backward by a school medical officer, and he gave this impression also to the psychiatrist—the boy raised spontaneously the question of why he bit his fingers and nails and made a noise with his throat; he spoke of his girl friend, "16 she is; a very pretty girl anyway"—but a subsequent Wechsler-Bellevue test and Schonell word-spelling test, performed by a competent psychologist, gave him an I.Q. of 95, though at school his performance was below average in a "C" stream. He was an insecure, anxious, awkward individual, who said that he had admitted previous similar offences in order to get someone to stop him doing it, but his home background seemed satisfactory. He was offered treatment at the child-guidance clinic, but he came only once, and the probation officer, on probation to whom the boy had been placed for two years, agreed that we let matters lie. The following year the boy stole cycles, and was sent to a nautical approved school. Three and a half years after the original offence he was said to be in the Merchant Navy and to be doing extremely well.

The second boy who had exposed himself was 13 years and 9 months old when referred, and just below average in intelligence. He was an insecure boy who nevertheless had a number of recreations and social contacts. His younger sister, an extremely anxious child, had been referred to the clinic previously, and there was some evidence of a rejecting attitude on the part of the mother. This boy was treated in eight interviews. We dealt first with his interests, his difficulties at school, and recent change of school, made, as he said, because he thought the other boys had something to do with his behaviour as they were telling jokes, and his attitude towards girls, which he agreed was one of fondness coloured by shyness. The therapist said something about girls' strong desire for boys, coloured also by shyness and fear. The next two or three interviews dealt further with his interests and with boy and girl attitudes. The therapist encouraged discussion of adult attitudes, mainly those of his parents, and was ready to encourage expression of and ally himself with the boy's criticism of these attitudes. Almost two interviews were devoted to the discussion in some detail of the anatomy and physiology of reproduction. About this time £5 was stolen from a newspaper shop where the boy delivered papers, and the

owner was inclined to accuse him. The therapist had no reason to think that this boy had taken the money, and the matter was afterwards dropped; in the meantime it was probably an important reassurance to the boy to know that the therapist believed in him and was on his side. At his last treatment interview he appeared to be making a good adjustment both in one or two social contacts with girls and in other respects, particularly in his membership of the A.T.C. A month afterwards he visited the clinic again by arrangement, and brought his sister, who had been a patient a year earlier, and he seemed to be continuing on an even keel. One year later a chance meeting with his school-teacher revealed that at school he was aggressive, was inclined to show off, and had not endeared himself to his fellows.

A practically orientated psychotherapy of this kind conforms to a maxim laid down by Doshay, who says: "While an acquaintance with the psychodynamic principles of psychoanalysis on the part of the psychiatrist is helpful for a proper approach in the process of re-orientating the sex delinquent, *orthodox psychoanalytic treatment* of the juvenile sex offender is *not indicated* and *should be avoided*, because of the likelihood of severe and lasting damage to the personality, arising from the long-drawn-out procedure and the inevitable over-emphasis on the original sex offence, which is diametrically opposite to the needs of these juvenile cases."

The third of these boys was an insecure, shy child, aged 15, who was found guilty in the juvenile court of indecent exposure and of interfering sexually with his younger sisters. Probation was recommended, and this course was adopted by the magistrates. Five and a half years afterwards the probation officer was able to confirm that there had been no further sex difficulty, and that the man was serving in the Army. It was interesting that the probation officer was at that time still in contact with the family in respect of a younger member.

Homosexual Practices

Five boys were referred on account of homosexual acts, and two of these had also been addicted to behaviour of the transvestism type. (I am not, of course, including in this paper boys who may have come to notice because of having been themselves homosexually assaulted, but only cases in which the boys themselves had been regarded as the aggressors in such acts.)

One of these boys was brought by his mother at the age of 12 because he wanted to do feminine things such as putting on ladies' clothes and because he and his brother had been playing sexually with each other in a hayfield. He was a timid child of superior intelligence, and a relevant factor in the case was that his father had recently been indulging in some form of homosexual behaviour, as a result of which the marriage was breaking up. The boy was seen only four times at the clinic, but the psychiatrist was in intermittent touch with his mother for much longer, and more than four years after the boy first came the mother was able to report that he had become well adjusted, and, so far as she knew, had had no recurrence of the sex trouble.

The circumstances of referral of the next boy were out of the ordinary. He was a 15-year-old of average intelligence, who got an average score on the matrix scale, came from what appeared to be a fairly sound home—though the psychiatrist regretted that the environment had no religious background—and had been on probation for two stealing offences when a homosexual offence came to light. The magistrates committed him to an approved school, but the Home Office asked for a psychiatric report. The psychiatrist regarded him as a normally sexed boy, and noted that he took girls to the pictures. He had to remain

in the approved school for two years, and at the end of that time the headmaster of the school reported to the psychiatrist very favourably on the boy.

A boy aged 14 of average intelligence was referred by his family doctor on account of homosexual practices with another boy, stealing and wearing women's underclothing, and a theft of money from a neighbour. He was emotionally insecure, an only child in whose home environment there were one or two mildly adverse circumstances. It appeared necessary to see this boy only six times, and in a letter written 18 months afterwards his mother expressed great pleasure in his progress.

A boy of 16 was referred because of homosexual practices with two men in a hotel where he was working, and though he was the victim only, his father stated that from an early age he had been regarded as a "cissy" and had used to enjoy dressing up in his sisters' clothing. His I.Q. was only 73, and he was a poor mixer. By superficial standards his family background was satisfactory. After seeing him four times the psychiatrist told the probation officer, under whose supervision he was, that the boy seemed to be reasonably adjusted and that he need not continue attending the clinic. Almost two years later a probation officer who then had another member of the family on probation considered that our boy was doing fairly well, though associating with a girl of "doubtful character."

In my series of cases there is one other which is too recent for any evaluation of the outcome to be possible, but it had features of such interest as, I think, to justify its inclusion.

A boy of 13 was referred by the court, charged with an indecent assault on a small boy. He was seen while on remand, and so dubious was the psychiatrist about his having committed this particular offence that he strongly recommended to the boy's father that he should be legally represented. To this the father refused to accede, and the boy was found guilty and was placed on probation. An unpleasant feature of the case was that the policeman had extracted a confession by wearing the boy down in an interview which went on through the night until 1 o'clock in the morning. The boy's parents complained that he told lies at home, and they suspected him of stealing; but there came to light also the fact of a very unsatisfactory relationship between the parents, and the father appeared to be guilty of the same sort of disloyalty to the home as that with which they taxed the boy. When charged with the offence the boy said that a baker's roundsman, whom he often helped in a voluntary capacity, would say that he was with him at the time, but to this the man would not testify. The boy attended the clinic several times afterwards, and it was then decided that he need come only to the probation officer, who would help him with the handling of his problems. A few weeks later we heard from the probation officer that the roundsman had been charged with sexual offences against the boy, and that he had pleaded guilty to this charge.

Other Offences

The offence committed by the two remaining boys was not, in the strict sense of the term, a sexual one, and I may not be justified in including it. These two boys broke into a church, defaecated in the minister's vestry, and damaged hymn-books, using pages in the manner of toilet paper.

The boy who appeared to be the leader in the incident was aged 11, of average intelligence, the middle child of three, and came from what was by ordinary standards a good home, though it seemed that his parents had never learned to trust him and were given to hedging him in unduly. He seemed to have little moral sense or consideration for other people and a poor capacity to make warm relationships with others. It was decided to offer to treat him, and the court co-operated by placing him on probation. He had 29 sessions at the clinic, with slow

but apparently satisfactory improvement and increased social sense. It may be worth while to say a little about his treatment, because, of all the boys in the series, he appeared the most inhibited in his capacity to make a relationship, and it was not easy to converse with him. In the sand tray he made a jungle scene—wild-looking, realistic hunters, a village, and a captured zebra in a pen. It was possible by asking questions to get from him what were his hobbies, and from this we got on to the fact that he felt that his father might take more interest in his doings than he did. The boy still made no spontaneous comment. He drew a picture of a battle between wild men and soldiers, and the doctor made an interpretation of his own desire to be wild and free, feelings which were countered by super-ego forces and by the actual authority of his parents.

The therapy continued on the basis of the psychiatrist using any clues he could get hold of as a basis for interpretations or suggestions, which the boy was invited to accept or reject, and most of which he appeared to accept. By the thirteenth interview he produced a little spontaneous comment—for example, "I wish father would stop poking his nose everywhere." Sex was discussed in its mental and physical aspects, and the doctor lent the boy a book on this subject. By the 21st interview the boy was talking freely, though about superficial matters, and this was evidence that he was becoming able to form a relationship with the therapist. In the 25th interview he told the therapist that he had joined the Boys' Brigade. In the 28th interview the doctor tried to find out how the boy would feel about stopping treatment soon, and it came out that he liked coming to the clinic if it got him out of an unpopular lesson at school. It was, however, by no means easy to get this comment from him. After the 30th interview no further treatment was considered necessary, and a report on progress some months later was satisfactory.

As this paper was going to press, I was informed that, almost three years after the original offence was committed, this boy was found guilty of several acts of breaking and entering, and was sent to an approved school. This is regrettable, but it is in keeping with the character of his home background, which we were unable to alter at the time when he was coming for treatment. If we were correct in regarding the original offence as having a sexual coloration, these latter are more in the nature of aggressive acts, and there are grounds for hoping that the approved school will prove remedial.

The other boy who was involved in the incident in the church was also 11 years old. His intelligence was a shade below the average, he was an insecure child and not a good mixer, but his relationships within the home appeared to be good, though there was the suggestion that his father's authority was unduly strict. The psychiatrist recommended that the probation officer be given the opportunity to help this boy, and the court adopted this policy. Eighteen months after the event we had a favourable report on the boy from his minister.

Discussion

There may be a darker side to this picture, and Pearce (1952) says: "The most common form of sexual delinquency is corrupting by talk."

"The more serious forms of sexual delinquency, however, are those in which children live in prostitution—occasionally they are boys."

The following table sets out the conclusions formed from this study of, admittedly, a rather small number of cases.

It is surprising to find in the series so few children of below-average intelligence. Burt (1944), for instance, refers to sexual delinquency in mentally deficient and dull children, but so far as my experience goes, dullness has not been a major contributing factor among boys. Poor emotional adjustment (insecure personality) is the

feature that stands out. It would seem also that boys who indulge in sexual delinquencies come, in larger proportion than do boys generally, from homes that fail to give them an adequate measure of emotional support.

Home circumstances	..	{	Satisfactory	16
			Less than satisfactory ..	13
Intelligence*	..	{	Below average	4
			Average	23
			Above average	2
Personality	..	{	Well adjusted	6
			Insecure	23
Child's subsequent develop- ment apparently	..	{	Satisfactory	21
			Not satisfactory	3
			In doubt	5

* These assessments are subject to a limitation, in that in a small number of cases there was no opportunity to perform an actual test and the assessment was based on an estimate of the boy's capacity.

It seems clear to anyone who talks to these boys and studies their circumstances that understanding therapy is what they need, and this is likely to provide a better basis for future self-discipline than would stern measures. H. Haas, in a personal communication, has, from his wide experience as a psycho-analyst, told me that he knows of many cases of young people who had gravely transgressed the sexual moral code subscribed to by their elders without these delinquencies coming to light, but who have developed into good citizens of well-adjusted behaviour in adult life. These instances were not confined to his patients, but many were relatives or friends of patients.

The severity with which sexual behaviour among children is often regarded by members of the adult population is due to the internal guilt and anxiety, much of it unconscious, that most members of the adult community bear within themselves; and it is related, therefore, in no small measure to their own rather than their children's sexual conflicts. It is largely for this same reason that adults, whether parents or educators, have so often felt inadequate to giving to children the help they need in handling their problems. Nevertheless there are, allied in this field to-day, many enlightened family doctors, juvenile magistrates, probation officers, leaders in the youth service, marriage counsellors, and parents, and it is becoming increasingly common for dispassionate and understanding attitudes to prevail when sexual misdemeanours come to notice.

Summary

The cases of 29 boys who committed some form of sexual misdemeanour are considered in relation to their home circumstances, intelligence, and personality. From this small study it appears that poor emotional adjustment (insecure personality) and homes that fail to give the children an adequate measure of emotional support are factors that have a positive correlation with the tendency to commit such misdeeds. In the great majority the boy's subsequent sexual development appears to have been good, and support is claimed for a dispassionate and optimistically expectant educative attitude in dealing with this subject.

REFERENCES

- Burt, Sir C. (1944). *The Young Delinquent*, 4th ed., p. 319. Univ. London Press.
- Doshay, L. J. (1943). *The Boy Sex Offender and His Later Career*. Grune and Stratton, New York.
- Kanner, L. (1948). *Child Psychiatry*, p. 569. Blackwell Scientific Publications, Oxford.
- Maclay, D. T. (1956). *Brit. J. Delinq.*, 7, 27.
- Mannheim, H. (1948). *Juvenile Delinquency in an English Middletown*. Kegan Paul, London.
- Pearce, J. D. W. (1952). *Juvenile Delinquency*, p. 21. Cassell, London.