Research will probably appeal to only a few. There is no reason why women should not do great work in research, as the example of Madame Curie and others shows, but it is unwise to take it up unless you feel a real call, and it is often a blind-alley occupation.

There is one important respect in which the after-careers of men and women doctors differ, and that is in the effect upon them of marriage. Marriage is a great help to a man *qua* doctor; in a woman doctor it is apt to be a hindrance. Not always, of course, but it requires unusual strength and energy for a woman to run matrimony and a profession in double harness, for matrimony is really a full-time job. It sounds very nice for a husband and wife both to be engaged in practice, perhaps as partners, but I don't think it often works. A man, after a harassing day, does not want to come home to talk shop to an equally tired wife. He wants to find someone with "a heart at leisure from itself to soothe and sympathize," and that is the woman's part. There are, of course, some part-time paid posts which a married woman doctor can fill—and perhaps all the better for her being married—but the rough-and-tumble of general practice is another matter.

What proportion of you will marry I do not know. I have seen it stated at 30%, but I should have expected it to be higher. Nor do I know how this proportion compares with that for non-professional women. I suspect, however, that preoccupation with professional work lessens a woman's power to please as well as her abstract desire for marriage. But, it may be said, if this is true there is at least a one in three chance that a woman's medical education has been wasted. But that does not follow. The study of medicine is a liberal education, and medical women make excellent wives, while their qualification is always a second string to their bow. There is therefore no real waste.

And now, having come to the end of my advice, I find it difficult to give a title to this address. Perhaps I cannot do better than use Mrs. Poyser's phrase, "to match the men," for it implies what I have wished to convey—that doctors, whether men or women, are much alike, and where unlike they are complementary to one another. Let me, therefore, as a final admonition and in no spirit of paradox, urge you, both as students and afterwards, to "quit you like men."

AIR RAIDS AND THE CHILD

BY

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While heartily condemning the habit of publishing premature conclusions based on relatively small experimental material, I feel I am justified by circumstances in making this small contribution to the evacuation problem now, instead of presenting the ultimate findings when the problem has ceased to exist.

During the past months thousands of evacuated children have returned to their homes in the danger zones, the parental attitude being usually expressed in the sentiments: "If the raids should start again the children can soon be evacuated once more." It seems appropriate, therefore, to remind parents that exposure to even a single "harmless" air raid can do great damage to a child's psyche be he ever so "normal" and "fearless" on the surface.

Miss A. T. Alcock, in an address at the Tavistock Clinic on was strain in children (*Journal*, January 25, p. 124), laid stress on the "difficult evacuated children" in whom the "principal disturbance was due to a physical agency, such as bombing." She pointed out that these "seemed to react much more in the way of unruly behaviour," and that "some who had been bombed were unable to perform ordinary school work." The Conference of the National Association of Maternity and Child Welfare Centres and the National Association of Probation Officers, reported under the heading "Prevention of Juvenile Delinquency" (July 12, p. 56), does not appear to have discussed the problem of the "bombed" child in particular. Dr. John D.

Sutherland, in his excellent "Survey of 100 Cases of War Neuroses" (September 13, p. 365), does not mention the subject either, while rightly pointing to the general principle that "war neuroses are essentially the neuroses in war."

There are reasons to believe, however, that the child who has been exposed to the experience of one or more air raids is in a class by itself.* "Air-raid shock" is not a neurosis in the true sense. It does not affect only those with a strong predisposition, as in the case of the war neuroses, though it is easy to discover such predispositions in a large percentage of the children. The fact that neither personal nor family history, nor yet the previous school report, reveals the slightest trace of abnormality, and that the children show no neurotic tendencies in the Rorschach test, should serve to separate them from those in whom "air-raid shock" is superimposed on some previous weakness.

Behaviour of the "Bombed" Child

Previously good and intelligent children become suddenly obstreperous, destructive, mischievous, lazy, truant from school, and, in short, unmanageable in the billet to which they have been evacuated. In some cases the teacher of the new school expresses doubt about the pupil's mental normality where the previous report had stated him to be of scholarship standard. These children reveal as the foremost symptom a strange inability to occupy themselves in their free time. They are at a loss to know what to do with themselves, and seem to fear the responsibility of making any decision. They do not know what they want, and, in consequence, try to amuse themselves with one thing after another in rapid succession without being able to stick at anything for more than a few minutes. The result is, quite naturally, that with the exhaustion of the stock of permissible entertainment they get into mischief. Nor do they show any greater perseverance in these enterprises, and the child is merely a nuisance to himself and all others. It is the behaviour of deep resentment against the adults who have failed to provide that security and protection which is every child's birthright: the collapse of all the values which education had carefully built up so far. Death has become a personal problem, and parental authority is no longer a safe shield against this direct threat of extinction.

All this is common coin to those who have had to deal with evacuees. But it does not seem to be commonly known that the raid-shocked child reveals itself as a clinical entity in the Rorschach test in about 65% of cases. The exact nature of this reaction will form the subject of a special paper when more material has been collected. At present our observations are based on twenty-three tests on children who have been exposed to air raids and been sent to our hostels† as "difficult," and on thirty-two controls of similar ages at the same hostel who were evacuated before the raids.

It must be clearly stated at the outset that the Rorschach reaction in question is not pathognomonic in the clinical sense; it occurs also in other conditions and occasionally in the normal subject. The Rorschach test gives essentially a personality picture, and it would be unscientific to draw conclusions upon the effect of a temporary extraneous influence from a single record in the absence of any previous one. The reaction consists of the response "fire" (or its equivalent: "explosion," "sun," etc.) to the red at the bottom of Card II. To those who are working with this test this may seem banal, but the following figures are suggestive:

Boys exposed to bombing (Plymouth and Bristol 14, London 9)					23
Positive reaction	..	..	..	..	15
Percentage with positive reaction, 65					
Not exposed to bombing ("controls")					32
Positive reaction	..	..	..	..	6
Percentage with positive reaction, 18.7					

The analysis of the records of the first group shows that the positive reaction is given by boys who are showing little or no neurotic trend. This is partly due to the fact that the neurotic reacts usually in a specific way to the red in Card II, the neurotic reaction swamping, so to speak, the trend of the air-raid shock. Of the eight boys of the first group who failed to give the

* Compare also Mr. Tom Harrison's "Obscure Nervous Effects of Air Raids" (April 12, p. 573).

† The ages of these boys range from 9 to 14, the reason for their admission from "unmanageable" to "probation" cases.

expected response, four answered with "blood" and gave an abnormal record showing strong pre-existing tendencies. This explains, also, why so few of the men with war neuroses among soldiers returned from France (whom I had the privilege of examining at a Military Emergency Hospital last year) gave the reaction, for they were, in the words of Sutherland, merely "neuroses in war."

Normal Child's Unconscious Reaction to Bombing

We are, therefore, dealing with an upset not so much of an abnormal as of an essentially normal personality in these children, and one that is different from that due to the exigencies of evacuation. It need hardly be mentioned that any air-raid shock supervening upon a neurotic or otherwise abnormal personality will produce more severe symptoms than in a "normal" one. The child's reaction to the raid or raids is essentially unconscious. In the majority of cases he tends to make light of his experiences, denies having been frightened, and behaves in that casual manner characteristic of an adult. Nor is the severity of experience any criterion. In one case the boy had (according to his own statement) slept through the whole raid in his bed; but the realization next day of the nearness of death served sufficiently as a shock to upset him. In another case the experience of a mine explosion in his neighbourhood acted as the cause. In none of these cases was there a "war neurosis" in the true sense; nor did the Rorschach test suggest such a diagnosis. The behaviour of the boy toward aircraft noises appeared quite rational, and only those with neurotic trends showed any flinching at sudden noises.

On the other hand these children are no longer what they used to be. It is obvious that the effects of their inner experiences appear much more clearly when the strain of an evacuation is added to them. What parents and teachers at home could not spot bursts out unmistakably when the child is among critical strangers. In the several thousand evacuated school children I had occasion to study, the difference between the "bombed" and the "un-bombed" child revealed itself blatantly on putting a few questions. It may be that the children from the Plymouth and Bristol dock area are of a tougher fibre than the London evacuees. But their inability to fit into billets, the excessive number of difficulties between hosts and children, the bad school reports, and the unruly behaviour of the majority of these children cannot be explained on those grounds alone. Most of the evacuated London children have almost to be fetched home by force; most of the Plymouth and Bristol evacuees *want* to return home. Among an adult world that has been shaken in its foundations the world of the parents offers still more security than that of strangers. For the child, as mentioned before, is not aware that it has been upset by the raid experience, or it would not return to the danger zone so readily.

The prognosis, in our at present limited experience, appears to be good for all cases not complicated by neurotic trends. Removed from the billet, where the problem of "what to do in my free time" creates the main trouble, they tend to become exemplary pupils in the hostel—actually a residential school. Psychotherapeutic interference is unnecessary, and the routine and the discipline of a happy life among other boys remove all strain in a short time. But as it is impossible to provide such schools for the thousands of children who may become sufferers from air-raid shock during the coming winter because their parents are too short-sighted to profit by the evacuation scheme, every effort should be made to enforce the scheme while there is yet time.

A. Lesser and L. R. Kaufman (*Surg. Gynec. Obstet.*, 1941, 73, 163) state that in 15 out of 132 patients operated on with a pre-operative diagnosis of acute appendicitis, the diagnosis was erroneous, the true condition being acute salpingo-oophoritis, acute inflammation of chest conditions, pleural or abdominal tuberculosis, pyelitis, mesenteric adenitis, and acute rheumatic fever. In the 15 cases the sedimentation rate was constantly elevated or high, whereas in more than 90 cases in which the diagnosis of acute appendicitis was confirmed the sedimentation rate was normal. These findings confirm the importance of the blood sedimentation rate in the diagnosis of acute appendicitis.

GALLANTRY IN CIVIL DEFENCE

A *Supplement* to the *London Gazette* dated October 17 announces the award of the M.B.E. (Civil Division) to Dr. DONALD MORTON DUNN, house officer, London Chest Hospital, and the B.E.M. (Civil Division) to Miss DAISY JEROME, probationer nurse, London Chest Hospital. The announcement reads as follows: "The London Chest Hospital was severely damaged by enemy action. There were heavy falls of masonry in one wing, and two elderly women, both seriously ill, were trapped. These and the patients of an adjacent ward, some of whom he had to carry single-handed, were taken to safety by Dr. Dunn. Nurse Jerome, who was injured while attending to a patient at the moment of the explosion, helped in the rescue work. Later she was knocked over and rendered unconscious for a short period, but on recovery she returned to the ward and continued to assist Dr. Dunn until all the patients were evacuated. Dr. Dunn and Nurse Jerome showed courage and great devotion to duty."

The names of Dr. Arthur Thomas Miles Myres, resident medical officer, London Chest Hospital, Dr. Gustav Susman Norris, civil defence mobile unit, Islington, and Dr. Lewis Aubrey Westwood, medical officer in charge, London Chest Hospital, have been brought to notice for brave conduct in civil defence.

Local News

ENGLAND AND WALES

Post-war Hospital Policy

Speaking at Oxford at a meeting of the Regionalization Council of the Nuffield Provincial Hospitals Trust, Mr. W. M. Goodenough, chairman of the Trust, said that in both municipal and voluntary hospital circles the liveliest interest had been aroused by the statement on post-war hospital policy which was made on October 9 in the House of Commons by the Minister of Health.¹ If he read this statement correctly it would appear that the Minister envisaged the development after the war of a comprehensive hospital service which would be available for all persons in need of treatment. That service was to be based on extended responsibilities to be laid on the public health authorities and on the development of the partnership between those authorities and the voluntary hospitals, which would be placed on a more regular footing than heretofore. This policy, he had no hesitation in saying, was one which both local authorities and voluntary hospitals would welcome and support with enthusiasm. Indeed, it was largely identical with that which the Nuffield Trust had endeavoured to promote to the best of its ability. It was clearly based upon the complete reconciliation and the utilization to the best advantage of those bodies, both statutory and voluntary, on which the present hospital services depended. Mr. Goodenough believed that if full regard was given to all parties concerned, if, in fact, the idea of a "partnership," of which the Minister had so wisely spoken, was made a real one, the policy would be generally acclaimed and would find willing acceptance from all quarters. It was in this way that a truly national hospitals policy would be achieved.

After "Coventry"

The heavy air raid on Coventry in the middle of last November gives the theme to the annual report of the medical officer of health, Dr. A. Massey. The number of casualties is not given. Drainage and water communications suffered much, and in view of the possibility of a typhoid outbreak the city lived "on the edge of a volcano" for a few weeks. Its escape was due to the immediate application of all preventive measures and the co-operation of good citizens. In the three weeks following the November raid 17,000 persons, or about 10% of the population remaining in the city, were immunized against typhoid by inoculation. Universal boiling of drinking water and milk and the chlorination of the public water supply were obvious preventive measures from the first. Conditions of severe raiding introduced urgent sanitation problems; measures for the disposal of excrement after heavy damage to sewers and drains

¹ *British Medical Journal*, October 18, p. 565.