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Feral children

Feral is defined as running wild—untamed, animal. A senior politician has used the word of certain young people, reflecting a widespread concern that increasing numbers of adolescents and children are out of control. 'Feral behaviour' is frequently unlawful, and sitting as a magistrate I deal with it regularly in the youth courts. This behaviour is challenging, disruptive and frequently violent, and those who bear the brunt include not only authority-figures such as parents, teachers, social workers, health professionals and police but also other children. In the language of rights they are indulging in full-blown autonomy and exercising self-expression with scant restraint or respect for others. The results of such reckless behaviour—injuries and intoxications—are a common sight on hospital wards. Working in paediatrics I also see a need for a public-health approach that includes prevention.

First, we need to know about numbers: what is the scale of the alleged juvenile insurrection? Not, I suspect, as great as some newspapers have made out; but anarchy may be contagious. Information gathering of this sort should not be difficult. Next we should look for causes. Could we be seeing the effects of some new and unidentified prenatal influence? Unlikely. However, the recent discovery of a gene controlling monoamine oxidase A and its link to male violent behaviour[1] reminds us that this is a subject for the attention of medical researchers. The most probable influences are environmental, and here are a few possibilities: changes in family structure; changes in society's view about how parents should exercise discipline; a desire by parents to be liked by their children, and a consequent reluctance to impose unpopular boundaries; management of unruly behaviour by buying-off or indifference; commercial influences attempting to persuade young people to become consumers before they have learnt discrimination; the recognition of medicalized patterns of behaviour such as attention deficit and hyperactivity disorder. A particularly troubling aspect is the apparent change in the nature of bullying, from an unpleasant but usually harmless rite of passage to a physically and mentally violent form of terror.

The criminal justice system sees many young people at a stage where contrition is impossible and containment is the only means to protect the public. Kroll and others[2] have lately reported on the sad background of boys who fell seriously foul of the criminal justice system and were sentenced or remanded to secure accommodation. 27% had learning difficulties; mental health problems, particularly anxiety and depression, were common. The findings illustrate the need for medical participation. Current public policy is directed towards managing the problem. Nothing to criticize here—but initiatives should be part of a long-term strategy. Politicians should resist the urge to respond dramatically to hard cases. We may be witnessing the results of diverse cultural changes over the past generation, and we may have to contemplate long-term interventions to counter subtle but pervasive shifts in human behaviour. This is a tough challenge, but the penalty for inaction could be dreadful—a lost tribe of adolescents with little experience of self-discipline and a superficial self-assuredness that conceals deep uncertainty. A generation of feral adults could result in a social backlash and antidemocratic pressures.

How can we make a start? First, an end to cheap political name-calling. Second, prevention—children have a right to learn self-discipline and the validity of certain forms of authority; mistakes will always be made but, providing they are recognized, regretted and remedied such authority is enhanced not undermined. Social cohesion depends on the concept that rights are matched by duties. Most parents know this; but in other circumstances, such as school, the connection can become blurred and authority then lapses. Feral children are a tiny minority with disproportionate impact. The abilities and achievements of young people in general are cause for celebration, and perhaps part of the research effort should go into identifying what most families are doing right. The contrast between these and those I have written about is heart-rending and for the young people themselves a never-ending nightmare.

The dilemmas are not unique to the UK, and other countries have experience on which we can draw. In North America, numerous innovative approaches are under investigation, including some that, rather than focusing on the offenders' weaknesses, build on their strengths[3]. A development in the UK is the establishment, by the Youth Justice Board, of youth offending teams whose membership includes representatives from

health services. In view of the findings of Kroll *et al*. the inclusion of such professionals is particularly appropriate. The purpose of these teams is to change behaviour. The Youth Justice Board's strategy offers considerable hope: reoffending is reduced; preventive and educational programmes are being targeted at children as young as eight; family support nips offending careers in the bud; and delays in the criminal justice system are being lessened. An evidence-based culture has been introduced. Members are being recruited to the youth offending panels, created to work with young offenders following their first conviction. Experienced health professionals have much to contribute; I encourage *JRSM* readers to visit the website [www.youth-justice-board.gov.uk]—and volunteer.

T L Chambers

4 Clyde Park,
Bristol BS6 6RR, UK

REFERENCES

1 Hawkes N. 'Yob gene' that may turn men to violence. *Times* 2 August 2002, p. 8

2 Kroll L, Rothwell J, Bradley D, Shah P, Bailey S, Harrington RC. Mental health needs of boys in secure care for serious or persistent offending: a prospective and longitudinal study. *Lancet* 2002;**359**:1975–9

3 Kessler C. Need for attention to mental health of young offenders. *Lancet* 2002;**359**:1956–7

Male Hospital in Dean Street: a last link with London Locks

Most of the medieval leper or lazar houses which were established on the fringes of towns and cities in England were redundant by the middle of the 15th century; some became derelict while new uses were found for others. On the northern approach to the City of London was a lazar house which was one of several run as outposts of St Bartholomew's Hospital; it became known as Kingsland Lock and was then 'applied to no other use than for the entertainment and cure of such as have the venereal malady'. A sundial which once stood in the garden of Kingsland Lock (now the site of a pub at Dalston Junction) was inscribed *Post voluptatem misericordia* (compassion after pleasure). A lock hospital in Southwark had a similar origin, whereas the much larger London Lock Hospital, which was purpose built facing Green Park near Hyde Park Corner on land granted on a 95-year lease from the Grosvenor estate, owed its foundation in 1746 to the voluntary hospital movement. When the lease expired the Georgian building of the London Lock was demolished in favour of fashionable new houses. A new Lock Hospital was built on a site between Harrow Road and the Regent's Canal in Westbourne Green, adjoining which a workhouse and infirmary (later Paddington General Hospital) were also built. None of these buildings remain. In addition to the new Lock Hospital, centrally located facilities were necessary. A house was acquired in Dean Street in Soho and replaced in 1912 by a neo-Georgian building, designed by Alfred Saxton Snell with the words *Male Hospital* in the portico. It survives as the only architectural reminder in London of a former era lasting several centuries, when Lock Hospitals provided for patients with venereal diseases.

Denis Gibbs

The story of the London Lock Hospital is told in detail in the wider context of the evolution of this specialist hospital system, in *The London Lock—a Charitable Hospital for Venereal Disease 1746–1952*, by Sir David Innes Williams (London: RSM Press, 1995)