As members of two great healing professions, the clergy and doctors are dispensers of health to other people. We receive our own instruction in the language of our craft, be it theology or medicine. Do we always transmit our message to people in plain English? The plainest speech comes from *example*—what we *are* and what we *do*. Why should people take a doctor's advice on health when he is obviously living in an unhealthy way himself? The *Lancet*, in a leading article on an address by Mr. Harold Dodd, comments: "In their endeavour to make more and more patients fit to be operated on, surgeons have sometimes forgotten their equally important task of keeping themselves fit to operate." Too many doctors are pale, tense, and harassed, and driven by a sense of duty. This driving sense of duty is useful only until it is replaced by a better incentive, for it is a source of strain to the doctor and to all who work with him. A ward sister noticed that whenever she exhibited a very strong sense of duty, her nurses exhibited an equally strong sense of "off-duty."

Further to exemplify our failure to speak plainly: most of us are satisfied that cigarette-smoking predisposes to chronic bronchitis and lung cancer; how can the man in the street take notice of our warnings when he observes that his doctor and his vicar are no less addicts than he is himself?

That is where the more primitive levels of our brain need education—we theorize with our cerebral cortex, but in relation to these ingrained habits we think with our hypothalamus. One man read in a magazine that smoking caused lung cancer, and he was so upset he decided there and then to give up reading. Even our speech is not plain. When we ought to be surgical we are diplomatic. As a doctor I find myself using soothing phrases when I should be probing the wound, smoothing over when I should urge clear decision. And many a man has faced a major physical operation because his doctor has avoided a minor spiritual operation such as an honest examination of the patient's emotional attachments. A distinguished surgeon has written a much appreciated lecture entitled, "Is your gastrectomy really necessary?"

Again, how much of what is customary to the man in the pulpit is gibberish to the man in the pew? I was told of a patient in the chapel of a mental hospital who, after listening for a time to the chaplain, was heard to remark, "There, but for the grace of God, go I." Of course, as in that instance, the fault may be at the receiving end. But, as custodians of spiritual truth, do the clergy transmit their message in plain English? Religious problems, regarded as intellectual, are often rooted in moral compromise. Similarly, intractable health problems, physical and mental, may be due to sustained moral conflict. That is precisely where the parson fails with his intellectual arguments and the doctor with his pills and potions. That is precisely why spiritual diagnosis is almost as important to the doctor as to the priest.

The Prescription as a Charter for Freedom

I have now considered the prescription for health. But what of its purpose? Health is to be judged more by quality of life than by length of days. You may become a "teenager" in your second century and still have missed the whole point of being alive. The prescription is not merely a recipe for longevity, it is a charter for freedom. In its human aspect the vocation of doctor, clergyman, and educationist is to set man free and to offer him the key to life-long liberty. If you will allow me, I wish to quote from a B.M.A. Lecture given before the University of Oxford Medical Society in March, 1956, for what was said there relates with special force to this joint gathering of doctors and clergy.

"The doctor's primary function is to set people free—it is our greatest achievement and a wonderful privilege. What is disease but bondage?—bondage to arthritic joints, to paralysed limbs, to the limitations set by coronary disease or a malignant growth. Similarly psychological disease is bondage—for example, the bondage to severe depression or to a fixed delusion. Now we are able to set people free from certain physical and mental diseases mainly when we uncover the scientific truth about these disorders. The truth makes men free. But there is another kind of truth which is just as necessary if man is to be free—spiritual truth—the truth which liberates a man from the diseases of the spirit which I have mentioned—pride, fearfulness, self-pity, self-indulgence, resentment. The truth of the intellect (scientific truth) and the truth of the spirit are *both* aspects of the truth which makes men free. . . . There are laws of the spirit just as absolute as the laws of science."

One final point. I have said that to be healthy the individual must have his life united around a great positive idea. I believe that if a nation is to be healthy it must be integrated around a great, positive ideology. Our own nation needs a great theme of life which every home acknowledges and which the world understands. Man is primarily a spiritual being: for wholeness he must have a spiritual ideology with a moral backbone. In a day when almost half the world's population is organized under a ruthless, materialist ideology, for very survival the other half must be united by an ideology which is spiritual, positive, and universally acceptable to all men who are willing to obey God. With that in mind, I offer this prescription for health. It is tentative and needs addition. It is certainly not prescribed with deadly accuracy, indeed it may already have reminded you of the notice in the window of another retail chemist which read, "We dispense with accuracy." But, taken regularly and in adequate dosage, I believe the mixture can cure man's fundamental disease—materialism—first in the individual and then in professions, governments, and nations.

THE DISAPPOINTED UNDERGRADUATE*

BY

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"This man's work during the past term has been no more than fair but he appears to have found himself, which, after all, is what he came here to do." These words, quoted from a Cambridge tutor's report on one of his pupils, record a stage in one undergraduate's development which clinical experience amongst undergraduates suggests is too commonly not reached.

Some undergraduates prove unable to profit fully from the opportunities a university offers and so fail significantly to develop their academic, cultural, and social potentialities—in other words, to find themselves.

The man (or woman) who has found himself is recognizable as someone who is beginning to see more clearly the nature and extent of his gifts and skills and of his weaknesses and inexperience, and recognizes the opportunities, the responsibilities, and the handicaps which arise from them. He is developing a growing confidence in his judgment and with it the skill and the courage to express an opinion and to defend it. In short he can face the demands and the opportunities of his life unhandicapped by fear. He is laying a sure foundation on which to build and is gaining the insight necessary for realistic planning.

By contrast, to the undergraduate who has not found himself the world is a difficult place. He is for ever misinterpreting the causes of his difficulties, blaming himself, his fellow men, his material circumstances, for his frustrations. His discontent is not the healthy dissatis-

*Based on a paper prepared for the First International Conference on Student Mental Health, Princeton, New Jersey, September, 1956.

faction with an imperfect world which spurs on to effective action, it is the unhealthy brooding over a disappointing, denying world which breeds an aggressive resentment or a dispirited apathy and provides a treacherous foundation upon which, by unrealistic planning, he is likely to build unwisely. Disappointment with the results serves only to confirm the fears and the resentments. This is the disappointed undergraduate, the subject of this paper. He falls into no single diagnostic category. He may have a character disorder, a neurosis, or, rarely, a psychosis. In the more severely ill the disappointment is but one of a number of overt symptoms. It is with those not overtly ill, the milder neuroses and character disorders, that this paper is particularly concerned.

Outwardly there may seem to be nothing amiss. The academic record is often satisfactory, sometimes outstanding. The social performance is, superficially at least, adequate. Tutors' reports, though sometimes severely critical, occasionally guarded, or perhaps a little puzzled, may be complimentary, even enthusiastic. But beneath the surface there gnaws a discontent which must not be underestimated. For many the university course is their first experience of adult life and it has disappointed them and defeated their efforts to adjust to it: confirming not correcting false attitudes, strengthening not dispelling prejudices, inflaming not soothing resentments, quenching earlier enthusiasms.

Because some of them present no overt or commonly appreciated academic, social, or medical problems these people are in danger of going unrecognized, by teacher and doctor alike, as in need of help. The undergraduate himself may be the one who is least aware of the nature of his need. He has usually achieved some measure of adaptation to his difficulties, maintaining an uneasy equilibrium between his ambitions and emotional needs on the one hand and what he interprets as the inadequacies of himself and his environment on the other.

Clinical experience of these people when they do reach treatment suggests that, although some of them present tough therapeutic problems, others can be relatively easily freed from their misconceptions and their resentments, so that they find and enjoy their place in university life, and profit from it in a way hidden from them before. Non-medical university staff have at least as large a part to play in this as doctors.

Two common examples serve as illustrations. The first is the man or woman who has always been a big fish in the home pool and who believes that his parents, his school, and his tutor expect him to maintain this supremacy over others when he plunges into the university sea. He becomes very anxious, depressed, and desperate when the difficulty—usually the impossibility—of doing this becomes clear. The second is the man who has been too intensively taught at school so that he has never recognized how dependent he is on the critical, selective abilities of his teachers and upon their constant guidance, correction, and encouragement, so that the independence thrust upon him by the university paralyses him. Taken early by tutor or doctor, these attitudes can be influenced by explanation and reassurance, but the longer they persist and the more often they are aggravated by apparent confirmations of shortcomings and failures the more firmly established they become.

In consequence it is essential to ask in any university how commonly undergraduates are failing to find themselves and yet are passing unnoticed as in need of help.

The Problem in Cambridge

An attempt to answer this question was made in the Cambridge University Health Service. In Cambridge there is no routine psychological appraisal of students. At the routine physical examination, offered to all undergraduates in their first year, the examining doctor records his impressions of each undergraduate's psychological state, so far as he is able to judge it during the course of a short interview. But this record is insufficient for the assessment of the prevalence of the disappointed undergraduate, not least because it is made during his first year and no routine examination is made after that year.

During the course of an investigation,† still in progress, into the life and work of about 500 undergraduates—the freshman intake of five men's colleges who joined the University in 1952 and graduated in 1955—it had been noticed how clearly the unhappiness and discontent of some of them was revealed in the answers they gave in questionaries they had been asked to complete. These questionaries therefore seemed a promising field for investigation.

The men had been asked to complete two long questionaries, one in their first, the second in their eighth—that is, their penultimate—term, to attend for routine physical examination, and to take an intelligence test. Additional information about each man was available in the form of examination results for each of his three years and tutors' progress reports given twice during that time.

It was the second questionary, because it was completed towards the end of the man's university career, which was primarily examined for evidence of dissatisfaction and failure to adjust to university life. It had taken a man about an hour to an hour and a half to complete and was designed to discover as much as possible about his two and a half years' experience of Cambridge life and work and his reactions to them. Questions, of which there were a hundred or so, were both closed and open-ended, and covered a man's work and his reactions to his work and to university teaching methods; his future hopes and plans; his academic, social, athletic, and personal successes and failures; his health and personal habits; and his personal reactions and relationships. With a few exceptions the questionaries appear to have been completed conscientiously and with interest, and examination reveals considerable internal consistency within questionaries. They were therefore considered a reasonably reliable source of information about attitudes and reactions to Cambridge life and work.

Of those invited to complete and return the second questionary, 92% did so. They were all within a few months of taking their final examination and so already had behind them a fair record of having achieved something at least of what they had joined the University to do. The overt failures had already been eliminated during their first two years. About 4% went down before completing their three years either on account of academic failure or for family or other personal reasons or, rarely, for disciplinary reasons. There are relatively few overt failures, because, unlike many universities, in which the majority of applicants are accepted and those who prove unsuitable for a university career are eliminated during the first year, Cambridge colleges are able to accept only a fraction (perhaps one in twenty) of those who apply for admission. Competition is therefore fierce and selection methods are important.

Incidence of Expressed Disappointment

For the purpose of this paper an unselected sample of 200 of the 400 questionaries returned was examined.

The question which was first analysed asked: "In what way has your time at Cambridge disappointed or failed you?" For the purposes of this investigation this was regarded as an invitation to the man to criticize Cambridge or complain about it and so, *no matter what his reply*, if a

†Assisted by grants from the Pinsent Darwin Fund, Cambridge, and from the Medical Research Council.

man accepted this invitation he was arbitrarily included in the "disappointed" group (called group D). This arbitrary allocation is open to criticism, but the impossibility of assessing what a man really meant by answers such as "I don't think, on the whole, that it has" or "It hasn't—so far" made necessary an arbitrary method of differentiating group D from the "satisfied" group (called group S). Only those who answered by a direct negative or by a line drawn through the answer space were included in group S.

With these criteria, 108 men fell into group D and 92 into group S. It is not of course suggested that all or even many of the 108 men in group D were emotionally disturbed. Although the bitterness expressed in some of the answers left little doubt that all was not well with the writers, in the majority of cases the significance of the answers, examined alone, could not be assessed.

Only a small proportion of group D gave vague answers of the kind "It hasn't—so far." The complaints of the majority fell into a few well-defined categories. For example, nearly half the "disappointed" men said that they were disappointed with their fellow undergraduates. They complained that they are uncultured, their conversation boring, their interests limited and unintellectual; or that they are uncouth, or, conversely, that they are snobs, poseurs, given to the forming of cliques, out of touch with real life, leading artificial, sheltered lives. (Investigation of individual statements of this kind would almost certainly reveal a number of men with emotional difficulties in personal relationships with contemporaries sufficient to be a severe handicap. These statements are more noteworthy because they are made after more than two years' experience of Cambridge life.)

The next largest group (about 20%) said that they had too little contact with senior members of the University, complaining that they received too little direction and encouragement in their work or that the seniors were socially aloof and insufficiently interested in undergraduates. (Clinically the man who regularly criticizes his teachers is a familiar figure. He misinterprets the intellectual freedom of the university as lack of interest and slackness on the part of his seniors, of whose direction and encouragement he feels constantly in need. The growing pains inseparable from the development of a critical ability of his own and the achievement of independence of mind he interprets as evidence that he is being badly taught and needs a change of teachers, or that he is unsuited to his subject and must change it, or that he was mistaken to aim at a university education and had better admit himself beaten and go home.)

Less commonly expressed disappointments were lack of women, or the difficulty of meeting them in Cambridge (4%) (perhaps with justification, the proportion of men to women in the University is over 10 to 1); failure to develop a firm religious faith whilst in Cambridge (6%); specific complaints about work, teaching methods, and lectures (5%); and general dissatisfaction with an individual college or with the University as a whole (6%) or with themselves (11%).

This very mixed collection of "disappointed" young men, group D, was then compared in various ways with those in group S, on the assumption that, although only a proportion of those in group D were likely to be seriously discontented, and although not all of those in group S could be considered as inevitably contented and emotionally unhandicapped, it was probable that group D would contain more truly discontented men and that in consequence the emotional characteristics of the group as a whole might differ significantly from those of group S as a whole.

Emotional Characteristics of the Two Groups

It was decided first to test whether there was other evidence that the group D men were less contented than group S men, because it could be argued that, in accepting the invitation to complain and criticize, *all* the undergraduates in group D were doing no more than the young have always done, with or without invitation—that is, criticizing that which is older and more senior.

In one question in the second questionary the undergraduate had been offered a list of emotional states, including contentment, depression, self-confidence, maturity, optimism, pessimism, energy, apathy, enthusiasm, tension. He had been asked to indicate whether he felt these "never," "rarely," "occasionally," "frequently," or "constantly."

A previously agreed combination of frequent or constant contentment, optimism, self-confidence, enthusiasm, and other positive emotions combined with rare depression, apathy, etc., was scored as "up" (125), while the reverse constellation of emotions was scored as "down" (42). In between was an indeterminate group (33). Men were sorted into these three groups by the application to their answers of the previously agreed criteria of "up," "down," and "intermediate," and without knowledge of how they had answered the question inviting them to criticize their time at Cambridge (Table I). The distribution of "up" and

TABLE I

	"Down"		Inter-mediate		"Up"		Totals	
	No.	%	No.	%	No.	%	No.	%
"Disappointed" men ..	32	29	19	18	57	53	108	100
"Satisfied" men ..	10	11	14	15	68	74	92	100
Totals	42	20	33	16·5	125	63·5	200	100

Significant: χ^2 (2 degrees of freedom) = 15·129; 0·001 > P.

"down" men in group D and group S was examined: 11% of group S as against 29% of group D were "down," and 74% of group S and only 53% of group D were "up."

A further question related to anxiety. The undergraduate had been asked to indicate how often he felt anxious about a number of named topics, including trifles, his work, his health, his relations with others, his work and future, what others thought of him, and so on. Once again he had been offered a choice of "never," "rarely," "occasionally," "frequently," and "constantly." A man who said that he was constantly worried about one or more topics or was frequently worried about trifles or about any three or more

TABLE II

	Anxious		Not Anxious		Totals	
	No.	%	No.	%	No.	%
"Disappointed" men ..	59	55	49	45	108	100
"Satisfied" men ..	27	29	65	71	92	100
Totals	86	42	114	58	200	100

Significant: χ^2 (1 degree of freedom)[1] = 11·945; 0·001 > P.

items was classed as anxious (Table II). Group S contained 29% of anxious men, group D 55%.

When these two questions are taken together and group D and group S examined for men who are both "down" and "anxious" the difference between the two groups is more striking. In group S 6 out of 92 (7%) were "down" and "anxious" compared with 25 out of 108 (23%) in group D.

The Disappointed Undergraduate's Recognition of his Need

Because it could be argued that it is the privilege of healthy youth not only to complain and to criticize but also at times to affect unusual and even uncomfortable poses and emotions it was decided to examine the questionary for evidence of emotional stress.

The question chosen for this purpose asked: "Have you ever sought the advice of an older, more experienced person outside your family (e.g., doctor, clergyman, schoolmaster, college tutor) about any nervous or other psychological problem?" The answers offered the man were "no," or "no, but I would have liked to have done," or "yes." It seemed not unreasonable to assume that a significant difference between group D and group S in their replies to this

question would suggest that the prevalence of "down-ness" and anxiety in group D was, to some extent at least, real and felt by the undergraduate.

Of the 200 men, 143 answered "no," they had never sought advice of this kind; 34 answered "yes" (29 had sought advice during their time at Cambridge, 5 at an earlier date); and 16 answered that they had not sought advice but would have liked to have done (14 at Cambridge, 2 earlier). Seven men left the answer blank and have been included with the 143 who answered "no." This was done on the grounds that although they may include some who did in fact seek or want help, this cannot be assumed and all must be scored as negative answers (Table III).

TABLE III

	"Dissatisfied" Men		"Satisfied" Men		Totals	
	No.	%	No.	%	No.	%
"Yes" — Before Cambridge	2	2	3	3	5	2·5
"Yes" — At Cambridge	20	18	9	10	29	14·5
"No, but would have liked to have done" — Before Cambridge	2	2	—	—	2	1·0
"No, but would have liked to have done" — At Cambridge	11	10	3	3	14	7·0
Total of those who felt a need to seek advice	35	32	15	16	50	25
"No"	68	63	75	82	143	71·5
Question not answered ..	5	5	2	2	7	3·5
Total of those who gave no indication of feeling a need to seek advice	73	68	77	84	150	75
Totals	108	100	92	100	200	100

Significant: χ^2 (1 degree of freedom)[1] = 6·039; 0·05 > P > 0·01.

In group S 77 (84%) had not sought advice, 12 (13%) had sought advice, and 3 (3%) would have liked to have done so. In group D 73 (68%) had not sought advice, 22 (20%) had sought advice, and 13 (12%) would have liked to have done so.

If the answers of those in group D who are also "down" and "anxious" are compared with those in group S who are also "up" and "not anxious" the differences are again even more marked: 25 were "disappointed," "down," and "anxious" and 52% of them had not sought advice, 24% had sought advice, and 24% would have liked to have done so. The "satisfied," "up," and "not anxious" group contained 51 men and 84% of them had not sought advice, 14% had sought advice, and only 2% (one man) would have liked to have done so.

It is important to know more about the uses made of psychological help and the value derived from it. It is probable that the material available is insufficient to provide more than limited information, but further analysis of it will be made during the course of the main investigation.

Objective Evidence of Disappointment

Other data about the 200 men under investigation, in the form of examination results and tutors' reports, were also examined to see whether or not the disappointed man reveals himself by doing less well in his examinations than his more satisfied colleague or by attracting the adverse comments of his tutors. The figures do not support this, although there are some differences between the two groups. Tutors appear more likely to be very enthusiastic or very critical of the group D man than they do of the group S man about whom they more commonly make an average report. There was some evidence that in examinations the man in group D more commonly exceeds expectations, arbitrarily assessed, than does the man in group S.

Both the tutors' reports and the examination results are in keeping with clinical impressions that, although some disappointed men try the patience of their tutors and do badly in examinations, others, not uncommonly as compensation for emotional difficulties, may put all their energies into work and obtain a better mark in examinations than a more balanced work programme would have earned for them.

There is, however, no evidence that more than a few disappointed men reveal their disappointment easily. In some cases there was a marked discrepancy between the tutor's assessment of a man and the man's view of himself and his situation.

Estimated Incidence of Disappointment

The clinical concept of the disappointed undergraduate is therefore given some support by the answers to a general questionary. There is also some broad indication of the frequency of emotional maladjustment, because if it can be assumed that the men who are both "down" and "anxious" have some degree of emotional maladjustment (and in fact about half of them have either sought psychological advice or would have liked to have done) then 31 out of the 200 fulfil these criteria. This may not be considered altogether unlikely when it is appreciated that these men say of themselves that, in addition to being frequently or constantly anxious, they uncommonly feel content, self-confident, mature, optimistic, energetic, or enthusiastic and, on the contrary, commonly feel depressed, pessimistic, apathetic, apprehensive, tense, and under a strain. Of these 31 men, 25 give some indications of the ways in which they felt Cambridge University life had disappointed or failed them.

This gives a figure of 12–15% of these 200 men likely to have emotional problems needing help and, as we have seen, half of them give some indication of perhaps being aware of this, although half of these did not seek the advice of which they felt in need. (The numbers seeking or needing psychological help is large by conventional British standards. In the total sample of 200 men, 29 said that they had sought advice while at Cambridge and 14 that they would have liked to have done so, a total of 43 (21.5%). In Britain this figure might be considered unexpectedly high for an ancient university. Some still hold to the belief that emotional problems are uncommon and should in any case be dealt with by the individual unaided save in exceptional cases.) It is perhaps not without significance that of the "disappointed" men who felt in need of psychological advice nearly 40% of them did not seek it (13 out of 35). The comparable figure for the "satisfied" men is only 20% (3 out of 15). The "disappointed" man is perhaps more likely to feel that no one is able, or will want, to help him.

Possible Correlates of Disappointment

It was tempting to search what seemed to be promising data for aetiological clues, but the temptation had to be resisted for the time being as irrelevant to the purposes of this paper. Some points noted, however, may be mentioned; some were half expected, others surprising. Those who described their parents as suffering with "nerves" were a little more likely to be found in group D, as were those who expressed dissatisfaction with their school or national service life. Those in group D were more likely to have experienced a change in their religious life while undergraduates, either strengthening or weakening their faith, compared with those in group S, who changed less commonly. There was no difference between the two groups in the proportions of those who attended day-school or boarding-school, although there was a suggestion that those who had attended the smaller and less-well-known public and State schools were more commonly to be found in group D. Rather surprisingly there was no difference between those who had already done their national service and those, two years younger, who had come to the University straight from school. Equally surprising was the similar distribution between the two groups of those who gained their place in the University as the result of a written scholarship examination and those who were admitted after interview. These various points are provoking and invite further investigation.

Conclusion

The disappointed undergraduate is, of all the emotionally handicapped, the most likely to go unrecognized and unhelped. Efforts to draw attention to him and to make him aware of the nature of his difficulties and of how he may be helped to deal with them are apt to be criticized by some university teachers and even by some doctors as improper interferences in the affairs of healthy men, calculated only to create difficulties where none existed, to encourage the morbidly introspective, and to attract the overdependent. Yet to some tutors, chaplains, hostel wardens, and doctors the disappointed undergraduate is a familiar figure to whom they have long been accustomed to give effective explanation and encouragement. But some men and women undergraduates never receive the help they need and leave the university with unsolved emotional problems which could have been resolved and which are apt to be a source of unhappiness to themselves and their families and of friction in their professional and social contacts.

In consequence the early recognition of the disappointed undergraduate and the provision of appropriate help is one of the important problems of student mental health.

Primarily the need is for a wider acceptance that some undergraduates, though not overtly ill, need psychological help which they should not feel ashamed to seek; that the availability of the various sources of skilled help should be known to undergraduates; and, most important of all, that tutors, chaplains, wardens, doctors and others should know each other and co-operate with each other. In this way men and women in need are most likely to make contact with the source of skilled help appropriate to their problem.

I am indebted to the governing bodies of the five Cambridge colleges (which must remain nameless) who allowed me to ask their freshmen to take part in the investigation and to the men who subsequently volunteered; to Mrs. Marjorie Sisson, M.R.C. research assistant, for much laborious work and many valuable suggestions and criticisms; to Mr. R. G. Carpenter, statistician to the Cambridge University Medical School, for assistance with the statistics; and to Sir Alan Rook, Senior Health Service Officer, Cambridge University Health Service, for his advice and encouragement.

TREATMENT OF PRE-EXAMINATION STRAIN

BY

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Every year the physician at a university health centre will be called upon to treat a substantial number of students suffering from nervous strain in the period before and during major examinations. Both in their clinical features and in the principles underlying their management, these cases have enough in common to warrant description as a "syndrome." And description here may be of some value, not for university physicians who know all about it already, but for the ordinary practitioner who, if he is on the look-out for cases, may find one or two a year among the young people on his panel. Knowing how to go about it, one can give quite a lot of help not only in lessening symptoms, but, *pari passu*, in improving efficiency and the prospects of passing the examination.

As important examinations draw near almost everyone experiences a certain amount of tension and apprehension; that is only natural, and is probably a valuable spur to increased study. Pre-examination strain can be defined as the condition wherein the nervous tension is of such a quality that it diminishes the efficiency of study and impairs the prospects of success. The severity can vary from a modest insomnia with daytime tiredness to extreme paralysing alarm.

Incidence.—It is in the nature of the condition that no accurate estimate of its incidence is possible; the number of subjects seeking medical aid must be a product not only of the numbers at risk but also of the availability—or rather the approachability—of that aid. At University College Student Health Centre we have tried assiduously to nourish a reputation for being approachable. As a result some 10% of students facing their major examinations (finals, B.A., and B.Sc., second M.B., librarianship diplomas, etc.) come to us with strain symptoms. For lesser examinations (intermediates, part I, crucial sessionals, etc.) the figure is less, perhaps 3%. In British universities and technical colleges there are some 170,000 full-time students, and nearly half a million doing degree or diploma-type courses part-time. Even if one excludes schoolchildren (whom I presume can suffer much the same at the G.C.E.), the number of cases going largely unhelped at present must be very great; this cannot be an uncommon condition.

Clinical Features

Presentation

There are three principal ways in which cases usually present themselves. (1) The largest group (the most easily recognized group, perhaps 50%) come with the classic symptoms of overt anxiety which they themselves clearly associate with the impending examinations. There is sleeplessness, persistent daytime apprehension, with thoughts continually turning pessimistically to the examinations, difficulty in retaining and recalling recently learned material, and in consequence a growing sense of desperation and hopelessness. (2) The next most common presentation, perhaps 30%, is of an increasing torpor frequently associated with nocturnal insomnia, though often with dropping to sleep over the textbooks during the day. Here the student may not at first recognize that his symptoms are causally related to the impending examinations. He comes for medical help, often directly requesting a stimulant; his torpor "happens" to have come at an awkward time. (3) The third group, perhaps 20%, present with a physical symptom; usually it is something clearly psychosomatic like vertical headache or nervous dyspepsia.

The Leading Symptom: Fear

The main subjective symptoms are usually those of anxiety, familiar to all practitioners. Insomnia, tension, obsessional thinking, tearfulness, bouts of depression, somatic conversion symptoms, and particularly headache are the principal complaints. But anxiety as normally met with in general practice is something diffuse, related to personal inner problems. Here there is a quite specific fear related directly to the approaching examination.

The fear felt by the student is two-handed. There is a fear of failure, and there is a fear of the examination itself. Usually they go hand in hand, but sometimes they are quite distinct. Students who know they have first-rate ability can be troubled almost as severely as poor students with only an outside chance; they fear the examination, not its outcome. It is perhaps true that the worst cases are usually among the weaker students, but exceptions are very numerous.