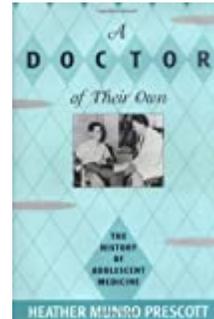


# H-Net Reviews

in the Humanities & Social Sciences



**Heather Munro Prescott.** *A Doctor of Their Own: The History of Adolescent Medicine.* Cambridge: Harvard University Press, 1998. xi + 238. \$35.00 (cloth), ISBN 978-0-674-21461-3.



**Reviewed by** Julia Grant (James Madison College, Michigan State University)

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In her fascinating study of the emergence of adolescent medicine, Heather Munro Prescott describes adolescent specialists as “intergenerational mediators who tried to work out solutions that would benefit adolescent patients as well as parents” (177). Thus, Prescott places herself squarely in the tradition of historians such as Judith Walker Leavitt, who have investigated the history of medicine from the perspective of social history. For Prescott and many other historians, the consumer of medical care is just as deserving of attention as the provider. Adolescent medicine would not exist without troubled teens, anxious parents, and the emergence of various professions to deal with these problems. By examining the medical practices surrounding the treatment of adolescents, Prescott reveals much about experts’ views of adolescence and the role of medicine in coping with youthful angst, illness, and rebellion in the twentieth century.

Prescott begins her study with a discussion of the modern “invention” of adolescence in the late nineteenth and early twentieth-century writings of psychologist G. Stanley Hall, who was the first to call for a field of medicine to specialize in the problems of youth. She also discusses the origination of the field of pediatrics as a branch of medicine that reflected widely held views of the distinctiveness of childhood and attempted to carve a

niche for itself by entering the domain of infant feeding. Interest in adolescence suffused the Progressive Era, and numerous reforms attempted to establish adolescence as a protected time of life for American youth. Prescott does an excellent job of explaining how adolescence and youth culture served as frightening symbols of social disorder during the early decades of this century. Still, adolescent medicine took some time to establish itself as a specialty. It finally emerged as an institutional specialty during the 1950s, a period during which youth culture gained ascendancy in mainstream culture.

The narrative of the book largely centers around the career of James Roswell Gallagher who is clearly the founder of adolescent medicine. Gallagher began his career at Phillips Academy at Andover in 1934 as a school physician. While there he established himself as a leading researcher and theorist of adolescence. Based on his prominence in the field, Gallagher was invited to become the first director of the Adolescent Medicine Unit at Children’s Hospital in Boston in 1951. In many ways, Gallagher’s ambitions were noble, and Prescott finds much to admire in his work. Gallagher sought to involve teens in their own treatment, to provide a safe space in which they could receive medical care, and to treat teens as “whole” persons, rather than merely addressing individual symptoms. But the purposes of the unit were not

transparent. Much of the clinic work seems to have been psychological in nature, although it avoided the taint of the psychiatric. Parents also used the clinic for children who were having problems learning, and Gallagher seems to be a central figure in establishing learning disabilities as organic and treatable disorders. Prescott quite rightly acknowledges the class dimensions of this endeavor, noting that the middle and upper-class parents who predominated at the clinic were anxious for diagnoses for children who might otherwise have been stigmatized as “dummies.”

Two central themes seem to emerge in the story of Gallagher’s involvement in adolescence, both of them exceedingly interesting and problematic. Prescott focuses on Gallagher’s interest in “normalizing” adolescent rebellion, by acknowledging and validating the need for adolescents to separate from their parents. He established a teen-oriented waiting room, encouraged teens to make their own appointments, and insisted on confidentiality and a one-on-one relationship with his young clients. But Gallagher’s thinking appears to have been paradoxical in many ways. Gallagher was critical of parents who tried to make their children in their own image, but he applauded teens’ efforts to fit in with their peers. He believed that “fitting in” with the peer culture was not only desirable but a key component of adolescent development. Gallagher was an advocate of the view that one must be cognizant of the role of individual differences in teens’ bodies and personalities, but he seemed less conscious of how intolerant of individual differences the peer culture could be. While he was unhappy with parents who sought to have their children conform to average means of development, he was himself involved in constructing these very norms in his own research studies.

Prescott claims that the unit exemplified a “mix of progressive ideas about adolescent independence and conventional ideas about gender and sexuality” (116). Clearly, Gallagher and his colleagues reinforced the status quo with regard to gender in vehement fashion. With psychoanalyst Helen Deutsch as consultant, the unit sought to make more “feminine” and actively discouraged sexual activity, even refraining from offering gynecological examinations, for fear that they might spark sexual excitement. If physicians feared sexually active girls, they seemed more concerned about boys who were less than masculine or “effeminate.” Effeminate boys were treated with psychotherapy and, occasionally, hormones. Unit physicians believed that helping effeminate boys to fit in with their peers might help to stave off the dreaded specter of homosexuality. In Gallagher’s re-

search on body types and personality, he equated academic success with masculine physiques and suggested that researchers utilize information about students’ body types to advise them on careers and academic majors.

Prescott states that by the 1920s and 1930s physicians had begun using hormones to “treat” adolescents who were not exhibiting appropriate sex characteristics. It is not at all clear, however, how widespread the use of this treatment was. Prescott attributes Gallagher with advocating “therapeutic conservatism even when an adolescent’s appearance was inappropriate for his or her gender.” (106) Apparently, Gallagher was cautious about the use of such treatments, although he used them on occasion. Without knowing how widespread the practice was or how often Gallagher was apt to use it, it is hard to discern whether Gallagher is to be commended for his conservatism. It is clear, however that more research into the treatment of gender deviations is needed in order to understand the medicalization of adolescence during this time period.

Prescott’s chapter on the changing nature of adolescent medicine in the 1960s is especially relevant to her thesis relating to the role of adolescent physicians in advocacy. Physicians responded to the clamor of 1960s activists for socially responsible medical care. Benefiting from the social programs of the Great Society, they established clinics serving poor youth, which focused on sexually transmitted diseases, substance abuse, and teen pregnancy. Physicians were also actively involved in efforts to secure rights for young people to receive medical treatment without parental consent. Prescott suggests that this stance was a direct outgrowth of Gallagher’s view that teens needed a “doctor of their own,” without the interference of parents or a censorious adult society. Prescott admits that the gains for youth established in this vein have been undermined in recent years, but this is an issue raised in the book that begs for more analysis. In addition, I would love to see further commentary on the difference in adolescent clinics of the present as compared to the past and what this tells us about the shifting character of the relationship between young people, their parents, and the medical establishment.

At the end of the book Prescott admits that “many of the health risks facing adolescents today grow out of a combination of biological, psychological, and social factors, including poverty, peer pressure, street culture, and conflicts with parents” (182). This leads her to suggest that teens need a medical field “dedicated to their unique needs” (183). The idea that physicians should

treat the “whole patient” as articulated by Gallagher and his colleagues is a worthy one, and more comprehensive medical care for young people – especially in poverty-stricken areas – is sorely needed. But I wonder if it is useful to place responsibility for these weighty matters in the hands of physicians, rather than advocating for a panoply of services (and social reforms) to address the many issues facing contemporary youth. My reading of history has led me to believe that expecting miracles from medicine in the social arena has generated more problems than it has resolved.

Through her portrait of adolescent physicians as “intergenerational mediators,” Prescott challenges Christopher Lasch’s notion of the family as a unified and harmonious entity being invaded by the helping professions

for the purposes of social control. Instead, Prescott suggests that the family has been an arena of intergenerational conflict, which has created a market for services to alleviate the stress generated by that conflict. Physicians have played an important role in both underscoring and undermining parental values through the profession of adolescent medicine in this century. Prescott’s thoughtful rendering of the interplay between teens, their parents, and medical professionals further underscores the relevance of the history of medicine to the social history of childhood and adolescence.

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