

Introducing— ARCHIE

REPLACING *Take It From Here* in the ZB Sunday evening programme this week will be the only BBC variety series to be built round a ventriloquist's dummy. The dummy is one Archie Andrews, and the show is entitled *Educating Archie*—rated by *The Daily Mail* as the most entertaining radio programme of 1952.

Since his BBC debut shortly after the war, Archie has become a top-liner in British entertainment, and he is treated accordingly. His clothes are made by a leading Union tailor. During the war he had his own issue of clothing coupons. Recently he was given a completely new rubber face costing hundreds of pounds. And at the home of his "handler," Peter Brough, Archie has his own room. Though it seems not to have affected him, Archie is the only British subject to have been personally decapitated by a king. This happened when George VI unscrewed Archie's head after a performance at Windsor Castle to show the Queen what made him wink and grin. Archie is no stranger at Windsor Castle. He and the rest of the *Educating Archie* cast were there again in 1952, as guests at the staff ball.

Peter Brough, who handles Archie, first decided on his act at the age of eight, when he sat watching his grandfather doing a ventriloquist act. His father was also a ventriloquist, so he

was able to get the best possible schooling. In America, Edgar Bergen with Charlie McCarthy and Mortimer Snerd had shown what could be done when a talented performer went into partnership with a dummy, and Brough set out to develop for Archie a personality with the perfect appeal for British audiences. After one or two tentative try-outs on the air, the BBC gave Peter and Archie a regular date in *Navy Mixture*, and they stayed in the programme for more than forty consecutive weeks. The firm of Andrews and Brough was a going concern. In *Educating Archie*, the pair are supported by Max Bygraves, Harry Secombe, Beryl Reid, Ronald Chesney, Hattie Jacques and Peter Madden. The show is produced by Roy Speer.

As the tutor charged with shaping Archie's personality, Max Bygraves encounters trouble not only from his rubber-headed pupil but also from a dreadful schoolgirl named Monica, who abets



BERYL REID, ARCHIE ANDREWS, PETER BROUGH
Getting decapitated at Windsor Castle was a distinction

BBC photograph

Archie with his devastating brand of mischief. Monica is played by Beryl Reid, a comedienne who has built a reputation in such BBC shows as *Variety Bandbox*. Hattie Jacques, who brings to *Educating Archie* a highly individual line of robust comedy, will

be remembered for her role in *ITMA* as Sophie Tuckshop, the ghastly child with the enormous appetite.

Educating Archie will be broadcast at 8.15 p.m. on Sundays, starting from the four ZB stations on June 7, and from 22A on June 21.

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Otherwise it might do more harm than good. One of our problems is the stupid mother who excites her child and gives it unsuitable food under the impression that she is helping its recovery. On the other hand, the idea of having a certain number of parents available to assist with the nursing of their own and other sick children has much to commend it. I have found that the vast majority of children settle down in hospital perfectly well. It's only on rare occasions that we decide that a child is pining and that the sooner it is home the better. There might be a few cases where a child would settle down a little better with daily visits, but in other cases the reverse would apply. So much depends on the amount of understanding the parent shows in handling the child so that it settles down in hospital. This also affects the amount of emotional disturbance shown by a child following hospitalisation. This is sometimes almost worse after short periods of separation from the home where the situation and the procedure in hospital have not been well enough explained beforehand. I think there are cases where personality damage does result, but where the situation is handled correctly by the parent there is really little permanent effect. I agree that the docile, tearless child is not necessarily in a good mental state, and we are always on the lookout for the child that is too "good."

—A Senior Pediatrician

SEPARATION CAUSES DOUBT

A HEALTHY personality is built on trust, the happy feeling that everything is right, that grown-ups are re-

liable, and that your mother wants you. Separation for too long or too often causes doubt about the world. Deprivation, resentment, hostility and a feeling of being unworthy of love and interest may result. Many parents are knowledgeable about their children's personality needs and have given care to building up trust in infancy by attention to good feeding habits and a warm, friendly family life. Trust is not developed in a day or a year, but by the continuing attitude of parents. The mother is the focal point of her child's life till he is about seven, and should be associated with him in any service undertaken for his welfare. In sickness a child will revert to babyhood and will need special care and security (especially the closeness of his mother) and to feel at home in his surroundings and familiar with routine. In hospital a child is shut off from these essential needs and a check to normal, happy personality growth is almost inevitable. Is the choice to be between a sick body and a sick personality? A way of avoiding shock is to admit the mother with the child, as is done in some hospitals, and let her attend the child under the direction of the nurse. The daily visiting of the mother is the next best solution, but the mother needs direction on how to visit if her emotional state is not to be transferred to the child. The introduction of daily visiting to a hospital needs careful preparation and thought, and it assumes adequate if not generous staffing in the children's ward and special training of staff to cope with parents' emotional problems in relation to their children. The best solution is to nurse your child at home if possible,

giving him all care and love but refraining from making illness an escape from responsibility and development.

—Mrs. H. C. D. Somerset,
Dominion Adviser to Federation
of Nursery Play Centres.

ADVANTAGES AND DIFFICULTIES

IN New Zealand most children in general hospitals are child patients of any category put in one ward, partitioned to varying degrees, with perhaps also single rooms attached. This is very different from Great Ormond Street, which is a large hospital run for children. The fewer wards there are the more work will be going on in any one ward, due to constant admissions and treatment. This does not necessarily rule out daily visiting, but it cannot be put aside as mere obstruction if a hospital staff considers it a real difficulty.

Professor Moncrieff, Nuffield Professor of Child Health in the University of London, who started the Great Ormond Street scheme, said (*British Medical Journal*, January 5, 1952), that the plan of daily visiting was more particularly for those of toddler age, that visiting only on visiting days was "all right" for older children—say over 5-6 years of age, and that it would be unfair to say there were no difficulties, such as the distance to be travelled daily by mothers—incidentally more obvious in New Zealand than in London with its excellent tube system. There is also the difficulty of the mother's being away from home at the evening meal time. Moncrieff got over these difficulties by having substitute visitors. Children whose parents cannot visit them feel very left out. Substitutes can be used either in the home or in

the hospital, though it is difficult to see the purpose of the substitute in hospital.

My personal view is that psychological trauma can occur to children who become hospitalised, and that hospitalisation should therefore be restricted to an absolute minimum, particularly for children under five years of age—a view with which hospital administrators and clinicians are not likely to disagree. An excellent article on emotional trauma in children due to hospital treatment in the *Journal of the American Medical Association* of August 23, 1952, makes a point that is particularly worthy of note: that the child with a trust in his parents will trust the hospital staff and therefore is likely to suffer less damage. Even the casual observer must see that some children can go away from home and return happily without subsequent emotional damage because they have stable parents; they have therefore learned to trust adults and are themselves developing stable personalities. The child who frets immediately he's away from his parents should give the parents cause to review their own child nurture.

It is always worthwhile drawing modern trends to the attention of professional men and women, but in this case as in so many medical matters the individual physician or surgeon must decide the individual child's needs on its merits, and the overall policy of the hospital should be left in the hands of the staff led by the medical superintendent—who is, of course, responsible to the hospital board.

—Dr. G. L. McLeod,
Director of Division of Child Hygiene,
Department of Health.