

BSHPCH Meeting Durham 6-7 September 2019

Programme

Friday 6th September

12.30 Lunch

Session 1 **Chair: Prof Mike Dillon**

14.00 **Professor Andrew Cant** Consultant in Paediatric Immunology and Infection, Royal Victoria Hospital Newcastle

The Emergence of Paediatric Immunology and Infectious disease as a subspecialty; personal reflections on people and milestones since 1983

14.40 **Nigel Speight** The influence on British paediatrics of James and Joyce Robertson

15.10 **Robert Scott-Jupp** The History of Coeliac Disease

15.40 Tea

Session 2 **Chair: Nick Baldwin**

16.00 **Dr Vic Larcher** Ethics and Law Advisory Committee RCPCH. Former Consultant Paediatrician Great Ormond Street Hospital

The Moral Status of Children: how times have changed - or have they?

16.40 **Doug Addy** Osler's Paediatrics

17.10 **Mary Clare Martin** Sick children and religion in the eighteenth century

17.40 **Philip Mortimer** Competing with or complementary to paediatrics? The rise and fall of London's fever hospitals.

AGM to follow final session. at 18.10 approximately

18.45 Drinks Reception

19.30 Dinner

Saturday 7th September

Session 3 **Chair: Dr Jonathan Dossetor**

09.00 **Mchael Dillon** The Heberdens and their roles in English 18th/early 19th century "paediatrics".

09.30 **Richard Purvis** "Other sheep have I which are not of this fold": The development of an inclusive paediatric service in the rural area of Dorset post World War Two, set in the context of national developments in medical and social care.

10.00 **Stuart Bradwel** Cadogan Lecturer
"As free and as normal a life as any child": The Establishment of Diabetes Boarding Homes in Britain 1939-55

10.30 **Professor Andy Byford** Professor of Russian, Durham University
Science of the Child in Late Imperial and Early Soviet Russia: The Place and Role of Medicine.

11.10 Coffee

Session 4 **Chair: Sylvia Lady Limerick**

1130 **Mary Lindsay** The Platt report after Sixty years - a review

11.45 **Jonathan Dossetor** Measles – are we safe?

12.15 **Tony Hulse** The Evelina Children's Hospital 150th Anniversary

12.45 **Alan Craft** Medical biography - the last word

13.15 Lunch

Abstracts

The influence on British paediatrics of James and Joyce Robertson

Dr Nigel Speight

James and Joyce Robertson worked with Anna Freud in Hampstead (1941) and subsequently John Bowlby at the Tavistock Clinic (1948). They helped to develop and promulgate some of the implications of Bowlby's work. Through the late 1940s they campaigned to humanise paediatric practice regarding parental access to children in hospital. Their efforts were unsuccessful for many years. Somewhat in desperation they made a film "A Two year old goes to hospital" and insisted in showing it to the AGM of the BPA at their Windermere conference in 1952. The author once interviewed James Robertson on the reception he received, including that from Sir James Spence, and will recount the content of this interview. Subsequently, and partly as a result of the delayed impact of this film, their efforts were successful with the implementation of the Platt report of 1956.

The Robertsons went on to explore the whole area of Child – Parent separation in wider non-hospital contexts. They made an influential series of films based on individual children of different ages separated from parents for varying lengths of time. These films were respectively called "John", "Jane", "Lucy", "Thomas" and "Kate", and have been widely used in the education of medical and nursing students.

While in many ways the message of the Robertsons has been fully accepted, there are still probably areas of paediatrics where they perhaps need to be revisited.

The History of Coeliac Disease

Dr Robert Scott-Jupp

The 'Coeliac Affliction' was first described by Gee in 1888. For the ensuing five decades it was considered a severe and untreatable condition, with many complications, including skeletal deformities and deficiency states. Patients were all under-nourished and most died. The association with dietary gluten became apparent only gradually. By the 1950s, the benefits of a gluten-free diet had become obvious. Later, diagnostic techniques including intestinal biopsy and immunological tests were developed. The condition is now considered to be eminently treatable and to be compatible with a normal life expectancy.

This presentation will make use of the valuable resource contained in historical papers published in Archives of Disease in Childhood, and other journals, to trace the process whereby the cause was identified. It will go on to describe sequential advances in diagnosis and treatment, and changes in epidemiology, until the present day.

It is important that paediatricians, and families, retain a collective memory of how severe the condition was in former years, and this will be emphasised.

Osler's paediatrics

Dr Doug Addy

Sir William Osler died just a hundred years ago, on 29th December 1919. At the time of his death he was the most celebrated doctor in the English speaking world and beyond. He was a baronet, FRS, and the recipient of many honours including the DCL (Durham).

Osler was born to Cornish missionary parents in Bond Head, Ontario on 12th July 1849. He was educated locally and at Trinity College, Toronto before beginning his medical education at the Toronto Medical School and then transferring to McGill University Medical School in Montreal where he graduated MD in 1872. He then worked and studied in London, Berlin, and Vienna before returning to McGill in 1874. He became Professor of Clinical Medicine there in 1875 at the age of 26. In 1885 he accepted the post of Professor of Medicine in Philadelphia and in 1888 he joined William Welch (pathology), William Stuart Hallstead (surgery), and Howard Kelly (obstetrics) as inaugural professors at the Johns Hopkins Hospital to be opened in Baltimore the following year. For reasons to be discussed the opening of the medical school was delayed until 1893 but Osler made good use of the time by writing his famous textbook *The Principles and Practice of Medicine* first published in 1892. About 10% of the textbook is devoted to diseases of children. He became known for teaching medical students at the bedside in the wards instead of entirely in the lecture theatre. He left Johns Hopkins to take up the Regius Chair of Medicine at Oxford in 1905.

Osler was never a paediatrician. He was a general physician at a time when that meant caring for patients of all ages. Children were seen mostly in general practice or in the outpatient clinic but were admitted to the adult wards if necessary. Of his around 1200 clinical articles in journals and books some 100 were on paediatric topics. He was a founder member and third president of the American Pediatric Society which first met in Washington D C and at Johns Hopkins in 1889. . Osler delighted in children. There are many accounts of how he would play with the children of friends and how on the wards he would pay special attention to his child patients .

Osler made no momentous discoveries in medicine. So how did he achieve the status he did? (To be discussed.)

Illness, Religion and the Emotions in Children and Young People in Britain, 1700-1900

Dr Mary Clare Martin

Although Hannah Newton (2012) has demonstrated the links between religious belief, the emotions and responses to illness in the early modern period, little work has been done on the eighteenth and nineteenth centuries. Indeed, existing work on child death makes claims for greater secularisation in the eighteenth century. This paper will explore the relationship between ill-health, religion and the emotions over two centuries. Illness might lead to intensely negative emotions, but also opportunities for religious enlightenment. A rare example of self-harm for religious reasons was by the Methodist Mary Bosanquet (1739-1815) from an elite High Church Anglican family in the 1750s, who felt that Jesus was instructing her to cut herself: if she did so, she would bleed to death, but if she did not, she would be damned. Whereas many if not most of those undergoing a conversion experience exhibited symptoms which can be compared to those of depression, descriptions of “happy deaths” frequently link pain and illness with positive emotions, due to the conviction of sins forgiven. These complex scenarios will be analysed in the paper, with a view to attaining greater understanding of the nature of the changing relationship between illness, religion and the emotions for children and young people over two hundred years.

Competing with or complementary to paediatrics? The rise and fall of London’s fever hospitals.

Dr Philip Mortimer (formerly of the Central Public Health Laboratory, Colindale).

During the last third of the nineteenth century London greatly improved its provision for patients with infectious diseases, including children. At first this was only during epidemics and for Poor Law patients, but the scope was gradually widened to include other children. The intention was to isolate and to aid recovery. These arrangements were made through the Metropolitan Asylums Board (MAB), set up in 1867 and funded by a rate imposed on each of London’s thirty vestries. By the turn of the century the MAB had established a ring of a dozen fever hospitals around the fast growing conurbation, as well as sanatoriums for TB patients and asylums for the mentally deficient (as they were then referred to). The MAB hospitals had the capacity to admit far more children than the voluntary hospitals and were therefore able to respond to outbreaks of scarlet fever, whooping cough and diphtheria as well, from 1911, as accommodating cases of measles. In 1932 the fever hospitals became the responsibility of the London County Council and in 1948 part of the NHS, guaranteeing their future funding. Eventually, however, the expansion of paediatrics as a clinical specialty that recognised the unique needs of children together with the diminishing incidence of infectious disease due to the development of a national immunisation programme made fever hospitals redundant. My talk will concentrate on the work of London’s fever hospitals in their heyday.

The Heberdens and their roles in English 18th/early 19th century “paediatrics”.

Professor Michael Dillon

Armstrong, Cadogan and Underwood played important roles in 18th century English “paediatrics” but the Heberdens also played a part and this is a brief account of their contributions.

William Heberden the elder (1710-1801) was justly regarded as one of the greatest physicians of his day. He was educated at Cambridge and practised there for 10 years before moving to London. His intellectual brilliance and clinical expertise were recognised by Fellowships of the College of Physicians and Royal Society. He wrote classic descriptions of angina pectoris, rheumatism, rheumatic nodules and many other conditions including childhood diseases such as chicken pox, measles and, many years before the German descriptions, Henoch-Schönlein purpura. He arranged his meticulous clinical notes for publication in 1782 but these only appeared in print as his famous “Commentaries on the history and cure of diseases” in 1802, a year after his death, through the intervention of his son William.

William Heberden the younger (1767-1845) followed his father into medicine, was educated at Cambridge and Oxford, was a brilliant scholar like his father, a Fellow of the College of Physicians and Royal Society, physician to St George’s Hospital and to George III and Queen Charlotte. He wrote “Epitome of diseases incident to children” in 1804, a gem of the paediatric literature of the time, based on his father’s notes and words, with remarkable purity and simplicity of style. Although overshadowed by his father, the younger Heberden played a critical role in publicising his father’s works as well as contributing himself to knowledge of childhood illness.

‘Other sheep have I which are not of this fold’

Subtitle “The organic development of an inclusive paediatric service in the rural area of Dorset after World War Two”

Dr Richard Purvis

This is an account of how the paediatric service in West Dorset has been built up in the years since the end of the war, starting from a very basic level provided by GPs and adult-orientated specialists in a hospital setting, and Medical Officers of Health in schools and health clinics. The details have been drawn from a wide range of professionals who have contributed their personal experiences and in some cases have delved into their long-term memories. This accounts for the conversational style of the narrative in the accompanying file.

By considering the events of each decade separately, an attempt is made to set the background circumstances against which the organic development of our local service has developed.

A parallel development over these years has been the way our society has changed in their attitudes to children. Their intrinsic value is now more central to the way we live our lives and is exemplified by the passage of the Childrens Act in 1989.

It also serves to show how the many advances (and some reverses) in medical and social care have become embedded over this period into the work of this inclusive child and family-orientated service.

‘As free and as normal a life as any child’: The Establishment of Diabetic Boarding Homes in Britain, 1939-1955

Dr Stuart Bradwel (Cadogan Lecturer)

On July 15th 1949, the East Kent Mercury reported the official opening in Kingsdown, Kent, of St. Monica’s, a Church of England Children’s Society operated boarding home intended to house up to twenty-five boys and girls living with insulin-dependent Diabetes Mellitus. St. Monica’s and the establishments that followed in its wake can each trace their origin to Hutton Residential School in Essex, which at the outbreak of the Second World War became home to ninety-two evacuated children with diabetes from the London Metropolitan Area (LMA).

Long before the outbreak of war, the London County Council (LCC) had determined that diabetic children from the metropolitan area, rather than being housed in private billets, would be moved to specialist accommodation at Hutton Residential School in Brentwood, Essex, when the order for evacuation was given, and had begun to make transport arrangements for this eventuality by July 1939.

This paper outlines the process by which diabetic boarding homes became a staple feature of the landscape of care in Britain. Beginning with a brief introduction to the post-insulin history of diabetes mellitus and the particular challenges this newly chronic condition posed during the interwar period, it will go on to examine the wartime role of Hutton and the legacy of the institution following the cessation of hostilities.

Hostels for children with diabetes were largely dismantled as the Children’s Society reoriented its focus from residential care to fostering and home support in the 1970s.

The Platt Report After Sixty Years – A Review

Dr Mary Lindsay.

The purpose of the Committee was to make a special study of the arrangements made in hospital for the welfare of ill children – as distinct from the medical and nursing treatment – and to make suggestions which could be passed on to hospital authorities. Children’s contact with their parents at the time was just once a week, once a month or not at all - the government were keen to change this. Its publication in 1958 was hardly noticed.

However, two years later research had shown that this was damaging to the children and the wider community were becoming concerned. Extracts from two films by James Robertson from the Tavistock Clinic – A Two Year Old Goes to Hospital and Going to Hospital with Mother – were shown on BBC television. Thus the National Association for the Welfare of Children in Hospital (NAWCH) was formed with the aim of putting the recommendations of the Platt Report into practice. These included unrestricted visiting, and mothers of under fives coming into hospital and caring for their children. Over the next thirty years progress was slow, but gradually its findings have become generally accepted throughout the world.

Measles – are we safe?

Dr Jonathan Dossetor

Measles is currently of interest as numbers of cases are rising in developed countries because of anti-vacc campaigns on social media and the lasting influence of the Wakefield claims on measles complications, which have been disproved, but live on in the digital world and in social media groups.

How long does natural immunity to measles last? This was solved for all time in 1846 when Peter Ludwig Panum visited the Faroe Islands. His classic paper on an epidemic of measles there also answered some other questions, and is a wonderful example of early epidemiology.

Current debate centres on the duration of immunity after the live measles vaccine, and there are a number of observations on this which will be discussed in this paper. Is there a risk that if measles becomes endemic in society again, that vaccinated people will contract the disease in later life?

The Evelina Children's Hospital 150th Anniversary

Dr Tony Hulse

2019 is the 150th anniversary of the Evelina Children's Hospital. Originally built in the heart of Southwark's worst slums, it was relocated to the Guys tower in 1973 and then to a new building on the St. Thomas' site in 2005. While now the hospital has a hugely expanded role, the original purpose of providing health care to the children of Southwark and Lambeth remains.

Baron Ferdinand James Anselm de Rothschild was born in 1839: an Austrian from the famous Jewish banking family, he had an English mother and regarded England as 'the land of my dreams' so he moved to London at 21 and married his cousin Evelina 5 years later. She and her baby died in childbirth the following year so he founded a hospital to perpetuate her memory so that her name lives on 150 years later.

Conditions for children in the Southwark slums at the time were terrible. The original intention was to build a maternity hospital but he was persuaded by Arthur Farre, physician to the Royal Family that the greater need was for a children's hospital. So for £10,000 a hospital was built with separate facilities for Jewish children, a kosher kitchen and also a ward for whooping-cough victims amongst its features.

I will tell the story of the Evelina from its founding in 1869 to the growing 'Evelina London' of the present day.

Medical Biography – The last word

Prof Sir Alan W Craft

There are several different ways to commemorate the lives of medical colleagues who die. An obituary in the BMJ of around 150 words is virtually guaranteed. For those who have a story which might be of interest to the wider general public there are the broadsheet newspapers. There is some urgency to submit these as most papers have a three month rule. For a select few there is an entry in the Oxford Dictionary of National Biography and for those who have achieved the status of FRS they have a guaranteed entry in the RS roll. I will use the examples of Archie Norman and Patrick Mollison to illustrate the process.

Archie Norman, pioneer in cystic fibrosis, died on December 20 2016 at the age of 104. His death notice appeared on New years eve. I knew little about him at that stage but his obituary appeared 5 days later. The process of producing this will be described

Patrick Mollison, FRS, died on November 26 2011 aged 97. He was a pioneer of blood transfusion and introduced exchange transfusion for Rhesus disease in the late 40s. He wrote the standard textbook of blood transfusion which went in to 7 editions. Paradoxically it is widely quoted by the Jehova's Witnesses. His scientific work resulted in him becoming a medical Fellow of the Royal Society, a rare accolade. I produced his entry for the DNB and for the Biographical Memoirs of the Royal Society.