



**BRITISH SOCIETY for the HISTORY of  
PAEDIATRICS and CHILD HEALTH**

[www.BSHPCH.com](http://www.BSHPCH.com)

**AUTUMN MEETING 2022**

**Friday 18<sup>th</sup> to Saturday 19<sup>th</sup> November**



**Royal College of Anaesthetists**

**Churchill House**

**Red Lion Square**

**London WC1R 4SG**

## **BSHPCH Meeting London 18<sup>th</sup> to 19<sup>th</sup> November**

### **Programme**

#### **Friday 18<sup>th</sup> November**

**13.00 Lunch**

**Chair PROFESSOR MIKE DILLON**

**14.00 Professor Anthony Costello** The twin crises of Covid and Climate Change: how to build children into all policies

**14.40 Dr Tim Chambers OBE** Mrs Thatcher and Me

**15.10 Dr Philip Mortimer** Virus infections of the first trimester – a threat easily overlooked

**15.40 Professor John Walker-Smith** Roman antiquities from the history of Paediatrics

**16.10 Tea break**

**Chair DR JONATHAN DOSSETOR**

**16.30 Professor Sir Roy Meadow** The Life of a Paediatric House Physician at Great Ormond Street Hospital in 1965.

**17.00 Dr Tony Hulse** Achondroplasia – the History and Art of a point mutation

**17.30 Dr Colin Michie** Neonatal tetanus

**18.00 AGM of the Society**

**19.00 Drinks reception**

**19.45 Dinner**

#### **Saturday 19<sup>th</sup> November**

**Chair MR NICK BALDWIN**

**09.00 Dr Emily Mayhew** Wars against Children

**09.40 Dr Jonathan Dossetor** Cicely Williams – ahead of her time

**10.10 Dr Mary Clare Martin** Resilience, play and peer cultures: sick children in Europe and North America, 1850-1979

**10.40 Dr Robert Scott-Jupp** Family life in Neolithic Britain: new insights from recent discoveries

**11.10 Coffee break**

**Chair DR TONY HULSE**

**11.30 Mr David Jones** The Heritage of Chailey

**12.10 Mr Nick Baldwin** Patient case notes of the Hospital for Sick Children: a century of data from the formative years of modern paediatrics

**12.30 Professor Mike Dillon** Tomisaku Kawasaki and his Disease

**13.00 Lunch**

## Abstracts

### **Dr Tim Chambers OBE VR Mrs Thatcher and Me**

In 1987, just before the UK general election, the BPA was a delegate organisation at a meeting between the Prime Minister and organisations concerned with the health and wellbeing of children and young people. The meeting came about at the instigation of the All-Party Parliamentary Group on Children, primarily because of concern that there was poor communication between government departments (and lower down the statutory chain) which needed priority attention.

The paper will be in two parts. First, an account of the meeting's antecedents, its arrangements and conduct. It will describe the limited outcomes and lessons learned by the BPA and its representative.

Second, a consideration of the life, work and achievements of the influence behind the meeting - Baroness Faithfull of Wolvercote OBE. A reluctant peer, ("It would terrify me. I don't think I'm bright enough.." "There are queues waiting to get into the House of Lords." "Mrs. Thatcher, I'm not in the queue.") she took the Conservative whip but was known as Baroness Faithless. One former Thatcherite cabinet minister once said to her: "I like you, Lucy, but I think you are wet and weak." She rounded on him: "Wet I may be," she responded, "But weak I am not." For her, (whose own life experience counted here) removal of a child, its separation, was a last resort.

### **Dr Philip Mortimer**

Former director, PHLS Virus Reference Laboratory, Colindale

#### **Virus infections of the first trimester – a threat easily overlooked**

From time to time new or recurrent viruses appear in humans in epidemic form, and occasionally this leads to disease in the foetus, newborn or young child. Paediatricians should be alert to this possibility. The phenomenon was first described by Norman Gregg who saw congenital cataracts in infants following an Australian epidemic of rubella in 1940-41. After subsequent epidemics of rubella, cardiac malformations and deafness as well as cataracts were described in infants and young children, and close study of the North American rubella epidemic of 1964 revealed that the occurrence of these congenital effects depended on the week of pregnancy when the mother had contracted rubella. Since then, foetal abnormalities have been attributed to various human herpes viruses, though without proof. In the 1980s, however, firm evidence of foetal infection was associated with a British epidemic of the B19 parvovirus. B19 causes anaemia in the foetus around the sixteenth week of pregnancy, as well as slapped cheek disease in children and aplastic crisis in the inherited haemolytic diseases.

Animal congenital diseases have been associated with the vector-borne animal virus 'Akanabe' since the 1960s. Outbreaks of it in the Far East cause congenital abnormalities in ruminant species. In the 2010s a midge-borne disease of newborn lambs was recognised in northern Europe and attributed to Schmallenberg virus. This first appeared in Britain in 2016. The lambs of infected ewes are deformed and are not allowed to survive. Also in 2016, a mosquito-borne zoonotic infection called Zika appeared in epidemic human form all over northern South America and Central America. It spread seasonally in human populations and infected many pregnant women. Some of their children were born with reduced head circumferences, and their intellectual development remains uncertain.

No virus epidemic should be allowed to pass without subsequent surveillance for possible damage due to the infection crossing the placenta during foetal development, especially in the first trimester of pregnancy. The effects may not be obvious at birth, but the possibility of their existence should be lodged at the back of paediatricians' minds. Gregg himself was an ophthalmologist; but when he and his colleagues saw unusual cataracts in young children they remembered a recent epidemic of rubella.

### **Professor John Walker-Smith and Hugh Cullimore Roman antiquities from the History of Paediatrics**

During the pandemic my antiquities collection has been catalogued and analysed.

There are two objects of interest to paediatricians.

These are two baby feeders made of Roman glass. The first item dates from the Roman Empire dating from first to third century AD. The second dates from second century AD and originates from the Holy Land in the Eastern Roman Empire. A similar item has been described in the Alberts collection. M E Alberts is a paediatrician from Nebraska in USA. This baby feeder dates from fifth century AD obtained from archaeological excavations from a fifth century Roman settlement at Nidda, near modern Frankfurt.

## **Professor Sir Roy Meadow**

Emeritus Professor of Paediatrics & Child Health, Leeds.

### **The Life of a Paediatric House Physician at Great Ormond Street Hospital in 1965.**

The experience of the house physician (HP), for six months in 1965, caring for the patients of Drs Evans and Moynahan, is described. It is based on discharge summaries of 76 children, and notes about 19 others.

The children's ages ranged from 6 weeks to 12 years; 15% were infants. 50% were admitted for more than a month: many confined to bed. Admission for investigation was common, but for respiratory infection rare. 15% died; malignant disease was the commonest cause.

Most HPs were men who had completed two years national service. They had much experience of adult medicine, but little paediatric - usually six months as a houseman. The GOS post was of Senior House Officer grade.

The HP worked a 1 in 2 rota, covering an adjacent ward at nights and weekends when on duty. Little out-patient work or emergency admission was involved. The paediatric registrar undertook out-patient, rather than in-patient, care.

The training experience for the HP at that time is considered in relation to the commitments of their consultants: they held additional appointments at teaching hospitals and other children's hospitals, as well as commitments to private practice, national institutions and public authorities. Those appointments led to the assembly of an extraordinarily diverse assembly of child patients.

The important educational roles of the Resident Assistant Physician and the few full-time consultants at GOS is praised.

## **Dr Tony Hulse**

Evelina London Children's Hospital

### **Achondroplasia - the History and Art of a point mutation**

Nearly all cases of achondroplasia result from the G380R point mutation in the FGFR3 [fibroblast growth factor gene] and this is very likely to be true throughout the known history of the condition. Achondroplasia was recognised in Egypt, possibly from 3000 BC and certainly 300BC and frequently since then in other cultures. Achondroplasia has been extensively represented in art especially from the Spanish school. In this paper I try to go beyond the art to talk about the life stories of those represented.

Individuals with achondroplasia often had a special place in society ranging from high ranking officials to court entertainers despite their many physical challenges and health issues. Apart from describing the history and artistic depictions of achondroplasia, I speculate on what adaptations people with achondroplasia made to fulfil these roles and the extent to which this may relate to their underlying disorder.

## **Dr Colin Michie**

### **Treating the untreatable: the 'silk road' approaches to managing infant tetanus**

Infant tetanus was almost always fatal until the development of antitoxin and intensive care in the twentieth century. In some populations it was a very common cause of early neonatal death. What strategies did mothers and community services take to try to prevent or manage it? Three examples have been investigated and presented.

Medical records and published studies relating to the eighth day disease on St Kilda, tetanus on St Maarten in the Caribbean, and trismus in the Southern States have been examined.

In three geographical areas mothers and communities combined different approaches to prevent or manage infant tetanus. This multi-layered or polypharmacy approach has historical precedent in the manufacture of theriac or mithridate. Treatments operated independently of the 'superstitions' of mothers and their helpers which in turn represented an amalgam of different beliefs. Managing enslaved infants created many ethical challenges. Faced by a fatal condition there was a common propensity to layer known practices with local variations, a silk road approach.

## **Dr Jonathan Dossetor**

### **Cicely Williams – Ahead of her time**

Dr Cicely Williams first named the condition we call Kwashiorkor. She published two articles in 1933 and 1935, from what was then the Gold Coast, which are now considered landmark papers on this. She worked for the colonial medical service at the time. However, there was opposition to this strong-minded doctor, and she was subsequently transferred to Singapore under a cloud.

There she continued to contribute. Her talk to the local Rotary entitled ‘Milk and Murder’ was the first tirade against the commercial practice of promoting cow’s milk products at the expense of breast feeding in low income communities, and others have continued this campaign even up to the present day.

During the war she was interned in the PoW camp of Changi between 1942 and 1945, but continued as a doctor despite the privations, and an account of her experiences survives. Following the war, she worked with WHO at a senior level and travelled all over the world in that role.

There were many obstacles to a woman in medicine in those early years of her life, but despite that she persevered and many of her ideas, which were controversial at the time, have subsequently become mainstream thought. She may be considered the first community paediatrician, as she considered understanding the family and social background of the child the key to understanding their illness.

This talk will look at the key moments in her life and how and why someone who encountered so many barriers achieved so much. She was awarded the James Spence medal by the RCPCH in 1965.

## **Dr Mary Clare Martin**

Principal Lecturer and Research Lead in the School of Education at the University of Greenwich

### **Resilience, play and peer cultures: sick children in Europe and North America, 1850-1979**

A key narrative in the history of the post-war National Health Service in Britain, and in the treatment of children in hospital, has been the opening up of hospitals to visitors, especially parents, and alleviating the trauma of separation. Yet little research has been undertaken on children’s resilience in coping both with illness itself and with separation from adults. This is surprising, given the rich sources available, not only from Mass-Observation (for the UK context), but also in parental letters and diaries about children’s illness from earlier centuries, hospital records, and oral history. While there are issues about statements given retrospectively, such accounts are valuable for the narratives which they generate.

This paper aims to show how children and their families exercised resilience in the face of children’s illness, in examining children’s experiences in Europe and North America from 1850 to 1979. When examining “age” as a category of analysis, it is important to note that, although children are often perceived as an oppressed group, in medical contexts, they may have been at an advantage. One possible reason is the greater sympathy evoked by children for fund-raising purposes, another that they may have had parents who could defend their interests.

The paper covers a timespan of limited public funding for medical care, to one in which more state funding became available, and prevention through vaccination, or cure through antibiotics and other drugs became more possible. It will have three main themes. The first will focus on family strategies for coping with children’s illness and (where appropriate), separation. The second will examine play as a mechanism for fostering resilience. The third will examine the place of peer group cultures in facilitating coping strategies. The impact of factors of class, race and gender will be considered throughout.

## **Dr Robert Scott Jupp**

### **Family life in Neolithic Britain: new insights from recent discoveries**

The late Neolithic and early Bronze Age (2500-1500 BCE) was a time of considerable upheaval and cultural change in the British Isles. Significant advances in archaeological science, including ancient DNA analysis, stable isotopes in bone, and analysis of lipids in pottery sherds have revealed much new evidence illuminating how people lived and travelled. This presentation will focus on new findings that may have been relevant to women and children, including the debate about lactase persistence in European Neolithic populations, and diet more generally.

## **Mr Nick Baldwin**

### **Patient case notes of the hospital for sick children:**

#### **a century of data from the formative years of modern Paediatrics**

The Archive of Great Ormond Street Hospital for Children includes over 500 volumes of patient case notes covering the period from the Hospital's opening in 1852 to 1938, including patient notes of many of the leading figures in the development of modern Paediatrics, such as Charles West, Frederic Still, F.E. Batten, Archibald Garrod and William Arbuthnot Lane. In addition to their clinical content, they are also a significant source for the social history of the period.

## **Professor Mike Dillon**

### **Tomisaku Kawasaki and his Disease**

Kawasaki Disease (KD) is a well known entity first described in 50 children in Japan by Tomisaku Kawasaki in 1967 following his observation of an affected child in 1961. This multisystem inflammatory syndrome, extraordinarily, remains to this day a mystery in terms of its precise aetiopathogenesis. I'll describe my long association with Professor Kawasaki going back to the 1970s when the first cases of the condition were being observed outside Japan after republication of Kawasaki's original Japanese paper appeared in English in 1974. I'll describe the sometimes extraordinary proposals as to its cause, the major cardiovascular sequelae and the controversies linked to its management. I'll also describe the difficulties Kawasaki, a brilliant but underrated clinician, had in convincing his contemporaries that he had indeed identified a new condition that he modestly always referred to as "Mucocutaneous Lymph Node Syndrome" rather than the eponymous name others gave to it. Apart from significant acute mortality if untreated in the acute phase it is now recognized in many countries also as the major cause of acquired childhood heart disease. The recent KD like manifestations in some children with Covid 19 infection is, of course, of current interest. Historically, however, there is possible evidence that KD may have existed before Kawasaki's brilliant clinical observations in Japan as shown by a preserved heart of a child who died in Barts in 1870 of "scarlatinal dropsy" manifesting multiple coronary artery aneurysms typical of KD.

**British Society for the History of Paediatrics and Child Health**  
**Meeting at the Royal College of Anaesthetists 18 and 19 November**

**List of Attendees**

Dr Doug Addy

Mr Nick Baldwin

Dr Nick Barnes and Dr Jo Barnes

Dr Martin Brueton and Mrs Paddy Brueton

Dr Tim Chambers and Dr Joanna Chambers

Prof Judith Chessells and Dr Gerald McEnery

Dr Andy Coe

Prof Anthony Costello

Prof Michael Dillon and Mrs Jean Dillon

Dr Jonathan Dossetor and Mrs Penny Dossetor

Dr Tony Hulse and Mrs Doriel Hulse

Mr David Jones

Dr Tom Lissauer

Dr Mary Clare Martin

Dr Emily Mayhew

Prof Sir Roy Meadow

Dr Colin Michie

Dr Philip Mortimer

Dr Richard Purvis

Prof Euan Ross and Mrs Jean Ross

Dr Robert Scott-Jupp and Mrs Terri Scott-Jupp

Dr Richard Trompeter

Prof John Walker-Smith