

# **British Society for the History of Paediatrics and Child Health**



**Autumn Meeting  
Brasenose College, Oxford  
25<sup>th</sup>-26<sup>th</sup> September 2015**

## Programme

### Friday 25<sup>th</sup> September

1230 Lunch

1345 Annual General Meeting

#### Session 1. Chairman – Denis Gill

1400 Dr Jonathan Dossetor, Fred Miller – The World Authority on Childhood TB

1430 Elisabeth Yang, Infant Feeders and Incubators: the Rise of Domestic and Medical Baby Care in Nineteenth-Century England

1500 Mr Nicholas Baldwin, Great Ormond Street Hospital in the First World War

1530 Prof Denis Gill, A Fusion of Fractures

1545 Tea

#### Session 2 - Guest Lectures. Chairman – Jonathan Dossetor

1615 Prof Nicholas Orme, Medieval Childhood – Dark Age or Golden Age?

1700 Sir Anthony Epstein, Why and How EBV was Discovered in 1964

1900 Pre Dinner Drinks

1930 Dinner in Medieval Kitchen

### Saturday 26<sup>th</sup> September

#### Session 3. Chairman – Nicholas Baldwin

0900 Prof Lawrence Weaver, The Roots of Paediatric Gastroenterology

1000 Helen Franklin, The Establishment of the School Dental Service in Edwardian London

1030 Dr Mary Clare Martin, Disease, Transnational Childhoods, and the 'Bodies' of Indigenous and Missionary Children, 1820-70

1100 Coffee

#### Session 4. Chairman – Lawrence Weaver

1130 Dr Colin Michie, Cod Liver Oil and the School Nurse

1200 Prof Conor Ward, Morbus Caeruleus

1230 Dr Mary Cox, Pirquet's Pelidisi Index Reconsidered

1300 Lunch

1400 Guided Tour of Bodleian Library

## **Fred Miller - The World Authority on Childhood Tuberculosis**

**Jonathan Dossetor, King's Lynne**

Fred Miller worked in Newcastle's Child Health service from 1935 - 1974, with a break overseas during the war years. From 1955 he was a reader in the academic department. He was a close associate of Sir James Spence and greatly influenced by him. He developed the 1000 family study with James Spence which started in 1947 and has been much cited and admired. He seems to have been the main driving force behind that study.

However his other claim to fame is in the world of tuberculosis. He was generally regarded as the world authority on childhood tuberculosis and wrote the landmark textbook on the subject, *Tuberculosis in Childhood*, with co-authors Seal and Taylor, published in 1963. WHO engaged him to help develop paediatric departments in India and those visits enabled him to broaden his understanding of TB from the perspective of a developing country. Two more books on Tuberculosis then followed directed towards the needs of the developing world.

In this talk, I trace the experiences which led him to become such an authority and argue that circumstances of history mean his work can never be bettered or repeated.

I would like to thank Hans Steiner and Alan Craft for allowing me access to documents about Fred Miller that are not generally available.

# **Infant Feeders and Incubators: The Rise of Domestic and Medical Baby Care in Nineteenth-Century England**

**Elisabeth M. Yang, Rutgers University**

I explore shifts in attitudes towards children and childhood in medical practice through an analysis of medical equipment designed specifically to treat children, such as incubators and infant feeders. The latter half of the 19th century is of particular interest to historians of science, medicine and technology, as well to those in childhood studies, because of the emergence of paediatric and children's hospitals, and in particular, equipment designed specifically for the care of children. Similar to Karin Calvert's analysis of 19<sup>th</sup> century children's furniture to convey changes in social perceptions of children and childhood, my approach to examining medical instruments and manuals for the care and treatment of children will be historical and sociological. First, I will introduce Calvert's analysis and relevance for history of child development. Second, I will discuss the notable shift towards the view of the innocent child during the 19<sup>th</sup> century. Finally, I will analyse some medical artefacts, such as the infant feeders and incubators that reinforce and synthesize certain ideologies that viewed the child as a distinct medical subject, a scientific object of study, and a being in need of constant adult attention and care. My aim is to not only promote further use of material culture in constructing a historical and cultural narrative of childhood, but also to convey a closer relation between medicine and the cultural conceptions of children and childhood.

## **GREAT ORMOND STREET HOSPITAL IN THE FIRST WORLD WAR**

**Nicholas Baldwin,  
Great Ormond Street Hospital for Children NHS Foundation Trust**

Although largely escaping physical damage, the life of the Hospital for Sick Children was significantly changed by the War, with the call up of many of its clinical staff obliging the employment of women doctors and surgeons for the first time, and an influx of new staff from the British Colonies, some of whom, such as Donald Paterson and Gordon Pirie, had notable subsequent careers. Patient numbers grew considerably, partly as a consequence of wartime food shortages and absentee parents. Charging by ability to pay was introduced into what had previously been a Voluntary Hospital free to the children of the poor. Forceful Wartime fundraising advertising emphasised that the Hospital served the whole British Empire, and also the need for a healthy child population to replace the casualties of the War. The Hospital's original Out-Patient premises provided emergency shelter for the local population during Zeppelin raids. King George V's daughter, Mary, Princess Royal, served as a nurse during the later years of the War. The notorious 1918 Spanish Influenza epidemic decimated the nursing staff, but unlike 'normal' Influenza had little impact on the child patients.

## **A FUSION OF FRACTURES**

**Denis Gill, Dublin**

This is a short history of two forearm fractures based on historical associations, geographical coincidences and other curiosities. Abraham Colles and Giovanni Monteggia, surgeons, scholars, writers, both described in 1814 their respective eponymic fractures, based on clinical observations prior to radiology. Colles was strongly associated with the RCSI in Dublin. I worked for RCSI and remain a member of the Clinical Association which meets in the Colles' Room in RCSI. Giovanni Monteggia was born in Laveno, Lombardia, Italia where we have an apartment on the shores of Lago Maggiore. Both fractures are caused by falls on outstretched arms, Monteggia at various ages, Colles' mainly in osteoporotic old age. I suffered a Monteggia fracture in my rugby playing youth.

Both Colles and Monteggia were highly respected as clinicians and medical contributors in their time. I continue to enjoy and appreciate their associations. This is a short dissertation 201 years after their astute observations. From Millmount to Maggiore, Dublin to Milan, via Roentgen.

## **The Roots of Paediatric Gastroenterology and Nutrition**

**Lawrence Weaver, University of Glasgow**

Paediatric Gastroenterology and Nutrition (PGN) is a well-established clinical specialty, which has come of age over the last half century. The foundation of the European Society Paediatric Gastroenterology and Nutrition (ESPGHAN) in 1968 (and many national societies around the world subsequently), was a critical milestone in its development. However the roots of PGN extend much further back in time, and the aims of this paper are threefold: (i) to identify and analyse three 'key roots' of PGN in the antecedents of what we now call Chemistry, Physiology and Microbiology, (ii) to reflect on the processes by which discoveries and invention in each of these fields have contributed to our current scientific understanding and clinical practice of PGN, and (iii) to compare and contrast the similarities and differences between the theory and practice of Medicine, Science and History.

## **The Establishment of the School Dental Service in Edwardian London**

**Helen Franklin, University of Greenwich**

To quote Napoleon: ‘an army marches on its stomach.’ But what if the soldier cannot chew his rations because of the poor state of his teeth? Evidence presented to the Inter-Departmental Committee for Physical Deterioration provided a clear link between the poor dental health of children and defective teeth in military recruits. The Committee’s report (1904) made several recommendations which shaped child health and welfare policy of the Liberal Governments. For example, the 1907 Education (Administrative Provisions) Act, which allowed local authorities to carry out dental inspection and treatment of schoolchildren.

The rise of the dental profession was also critical in addressing this issue. Some twenty years before the post-Boer War reports, a few philanthropic dentists had recognised the problem and began treating those who could not afford treatment. They campaigned, with the use of statistical evidence, for state funded inspection and treatment of school children suffering the consequences of a diet high in sugar, combined with little dental hygiene.

This paper will outline the causes of increasing dental disease in Victorian Britain, the perceived impact of this ‘problem’ on the nation and the ways in which the issue was addressed. It will argue that the rise of the school dental service in Edwardian London was significant in the medicalization and legislation of childhood, resulting in a new social and political identity of children and a shift in the perception of ownership, from the parent to the State.



## **Disease, Transnational Childhoods, and the “Bodies” of Indigenous and Missionary Children, 1820-70**

**Dr Mary Clare Martin, University of Greenwich**

One justification for sending missionaries' children to school in nineteenth century Britain was that their physical health, as well as moral wellbeing, suffered in colonial contexts. However, the climate on many missionary stations was more conducive to good health than that in England, with its cold damp winters, city fogs and smogs, and unevenly heated houses. Contemporary medical opinions and statistics are contradictory. Unusually, the sample will include a wide spectrum of Protestant denominations (Baptists, Congregationalists, Anglicans, and Methodists) and countries: India, New Zealand, the South Seas, Russia, South Africa, and the West Indies. Where possible, the paper will draw on children's own viewpoints, even though filtered by adults or the passage of time.

The main part of the paper will examine the impact of epidemic and endemic disease in specific missionary contexts. In some countries the language used when new and threatening diseases arrived represented the entire landscape as infected. Whereas missionaries' and indigenous children might suffer the effects of new diseases equally badly, emphasising physical similarities, in other contexts, indigenous children fared worse. Yet missionaries' own vocation might endanger their families, for example, by entering zones of epidemic disease (such as Asiatic cholera in Russia) in order to fulfil their pastoral mission. The paper will thus attempt to unravel the complex web of relationships between family, indigeneity, religion and disease in a period when the Protestant missionary enterprise was dependent on the heterosexual family for its survival.

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## **School Nurses and Cod Liver Oil: a Spark that Became Part of British Culture**

**Colin Michie (Consultant), Toral Ramaiya (Medical student), Caroline Baran (Medical student), Ealing Hospital, London, UB1 3HW**

Cod liver oil and malt became a part of British school culture during the second world war. The high standards of child health in that generation have often been ascribed to them and the use of such strong-tasting products left an indelible mark on the national psyche. The strategy of using vitamins to improve maternal and child health at the time, by formal regulation from the Ministry of Food, was a novel administrative development. We examine the evolution of this policy from the perspective of the scientific evidence available as to the benefits of fish oils for children (and animals). The creation of school nurses with a national framework together with commercial pressures from the suppliers of cod liver oil played important roles too. Using documents from a range of English schools and Boroughs we have conducted an audit to determine just how much cod liver oil was used, how frequently and for which children. We have collected information as to which supplier delivered the product and the changes in the nature of the cod liver oil supplied to schools and families. The results show that for many years school nurses targeted cod liver oil supplements; their position in delivering nutritional support suggests their vantage point was a critical one to child public health.

## **Morbus Caeruleus**

**Conor Ward**

Writing in 1928 Maude Abbott referred to patients with pulmonary stenosis, ventricular septal defect and overriding aorta as cases of the tetralogy of Fallot (1888). Peacock's textbook on Malformations of the Human Heart had been published in 1858 but neither Fallot nor Abbott refer to it. Peacock covered both French reports and English language reports from the UK, the USA and Ireland. His text is based on a review of specimens collected at St Thomas's Hospital. He analysed the clinical picture and emphasised how the diversion of what he describes as the blue blood into the left ventricle caused cyanosis.

Peacock refers twice to reports from Dublin by Crampton who described two cases in 1830. One had a grossly dilated upper right ventricle, giving the appearance of an additional heart chamber. This was the first description of "the tri-ventricular heart". The other was a classical case of the tetrad described later by Fallot. Crampton was one of the founders of the Dublin Institution for the Diseases of Children (f.1826). He wrote a chapter on cyanosis in the London Encyclopaedia of Medicine. He was in good standing and Peacock refers to him as "my friend of Mr Crampton".

Peacock also referred to Robert Graves of Graves Disease. In 1830 the autopsy findings on one of his patients were reported on by Houston. Houston describes the pulmonary artery as being half the usual size. A smooth hole led from the right ventricle through the septum into the left ventricle. The communication between the right ventricle and the aorta was as direct as that between the left ventricle and the aorta. This antedated the reports both of Fallot and of Peacock, for which Graves and Houston should be given credit. By coincidence Houston and Graves published their observations in the same year as Crampton (1830) but in a different Dublin journal.

It has been suggested that Niels Stensen described the tetralogy in 1673. He reported on the autopsy findings of a stillborn infant who had pulmonary stenosis, a ventricular septal defect, an overriding aorta and right ventricular hypertrophy but no cyanosis. A key finding was that there was no patent ductus arteriosus, without which a foetus could not survive. This was more important than other lesions. Stensen has many other claims to fame but not the diagnosis of morbus caeruleus.

## **Pirquet's Pelidisi Index Reconsidered**

**Dr Mary Cox, All Souls College, Oxford**

Clemens von Pirquet was a leading scientist in early 20<sup>th</sup> century Vienna. During the First World War, Pirquet initiated studies of living conditions of civilians, particularly women and children. He measured and classified malnutrition through the 'Pelidisi' system, based on the cubed root of a combination of sitting height and weight. This system was adopted to measure and classify all school children in Vienna in 1920 and 1921. Pelidisi scores were then used by aid groups and feeding agencies to focus on the hungriest children.

In deprived areas, the use of the Pelidisi index quickly spread. After its adoption in Vienna, the rest of Austria followed suit. Soon, much of Eastern Europe used Pelidisi as well. When the system was adopted in Russia, however, it hit a few snags. Children there were arguably the most deprived in all of Europe, suffering from severe starvation. In this context, when children's bodies were deformed, the Pelidisi system of measuring deprivation proved to be insufficient. As the hunger emergency in Europe subsided, so too did the mass need for measuring the consequences of children's nutritional deprivation. By the mid 1920s, it became far less popular, and with Pirquet's death in 1929, the system all but disappeared.

This essay is a reassessment of Pirquet's Pelidisi system. It examines the impact the system had at the time, testing the efficacy of Pirquet's forgotten efforts at measuring children's deprivation. It also quantitatively compares modern anthropometric standards with those derived by the Pelidisi Index.