



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

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AUTUMN MEETING 2018

Friday 14th to Saturday 15th September



Avon Gorge Hotel, Bristol

Programme

Friday 14th September

12.30 Lunch

Session 1 Chair: Euan Ross

- 14.00 **Adam Finn** The dynamics and ethics of vaccination; children helping adults
- 14.40 **Denis Gill** Polio Conundrums
- 15.10 **Lawrence Weaver** Nature's Bountiful Urn – William Cadogan and the Nature and Properties of Milk

15.40 Tea

Session 2 Chair: Mike Dillon

- 16.00 **Patricia Brennan** Children in a working class school from 1870-1906
- 16.30 **Sylvia Limerick** Muriel Paget's Relief Mission for Slovakian Children post WW1
- 17.00 **Jonathan Dossetor** Childhood sedation in Victorian England
- 17.30 **Michael Whitfield** Some things you might not know about the Bristol Royal Hospital for Sick Children

AGM – to follow final paper - 18.15 approximately

19.00 Drinks Reception

19.30 Dinner

Saturday 15th September

Session 1 Chair: Sylvia Limerick

- 09.00 **Robert Scott-Jupp** A Tribute to Frederick Still
- 09.30 **Nicholas Baldwin** Adolescent treatment at GOSH
- 10.00 **Christopher Kershaw** Regular Service Paediatrics – a RN perspective; the final three decades to 2007
- 10.30 **Michael Dillon** Walter Harris (1647-1732). Royal Physician, "Paediatrician" and Best Selling Author

11.00 Coffee

Session 2 Chair: Jonathan Dossetor

- 11.20 **Philip Mortimer** Numbering rashes: Dr Dukes' unhelpful legacy.
- 11.50 **David Stevens** Some landmarks in the history of paediatrics'
- 12.20 **Iain Ferguson** 'They may strike back at society in a vengeful manner': Preventing the Psychological Scars of Acne in Post-War America.

13.20 Lunch

15.00 (approx) Guided Tour of Clifton led by Dr Paul Main

Abstracts

Polio Conundrums.

Denis Gill

Formerly RCSI and Children's University Hospital Dublin.

Textbooks of medicine and paediatrics state that paralytic polio has affected man for thousands of years. And yet the first description of polio was written by Michael Underwood in 1789. Why were there no descriptions of polio-like illnesses in ancient Arabic, Greek, Roman, Indian or Chinese writings? The **only** historical representation of paralytic polio is in an ancient Egyptian stele. There is no other. There are numerous clinical differentials of the shortened, wasted limb in the Egyptian adult.

The first outbreaks/epidemics of polio were not reported until 100 years after Underwood's clinical description. Why? The first big epidemics occurred in the US in the early 20th century, The historically most famous person afflicted with polio was Franklin D. Roosevelt in 1921. It can be strongly argued that FDR did **not** have polio, but rather more likely Guillain-Barre Syndrome. FDR's affliction, focus on polio, phenomenal fundraising and intense research led to polio immunization and eradication of polio from the Western World in the 1950s and 1960s. Sabin was probably the better scientist, but Salk won the Nobel Prize for Medicine.

Poliovirus is not a zoonosis. Where has the virus come from? Humans are the only known vectors of poliovirus. Where does the virus reside when not in circulation? Laboratories in the US and Russia now house poliovirus.

This paper will chart the known history of polio, challenge a few assumptions and call to question whether FD Roosevelt had polio or not.

Nature's Bountiful Urn –

William Cadogan and the Nature and Properties of Milk

Lawrence Weaver, University of Glasgow

William Cadogan is best known for his *Essay upon the Nursing and the Management of Children from their Birth to Three Years of Age*, in which he appealed to Nature as the source of their nourishment and guide to their health. His approach to their medical management was typical of that of many European physicians of the eighteenth century, who thought that the 'first and general Cause of most of the Diseases Infants are liable to, is the acid Corruption of their Food'.

'The mischiefs that arise from want of breast milk are gripes from the disproportioned food turning generally sour, giving green stools, causing pain and irritating the guts to discharge them. ... When looseness and green stools happen to infants, testaceous powders, as chalk, crab's eyes, claws etc helps more than rhubarb, which purges them more, and is no way to be depended upon for strengthening the bowels'.

How do we make sense of this treatment, where do these ideas come from and how are they reconciled with the idea of nature as the ideal model and guide? The answer may be found in the Natural Philosophy of the seventeenth century, with its conceptions of the 'nature and properties of milk' and how the product of 'Nature's Bountiful Urn' was digested in the stomach, assimilated and utilised.

Poor health and education in elementary school children 1870-1908

Dr Patricia Brennan

‘What shall it profit a child if it gain the whole world of knowledge and lose its own health.’

Via the Education Act of 1870, Parliament was committed to providing education for all children. Once working-class children were gathered together in classrooms, their poor condition was evident and both the education and the health of the children, the nation’s future resource,tract became a national responsibility.

This study, the basis of a dissertation for a MA in Historical Research at Sheffield University, considers the intertwining of the health and education of elementary children in a working -area of Sheffield between 1870 and 1908. It was based on medical officer of health reports, headmasters’ weekly school logs, newspaper reports and historical medical literature. It illustrates medical conditions pre-existing in children when they began schooling, conditions spreading in crowded classrooms, especially infectious diseases, and conditions thought to have been actually caused by study such as myopia and the ‘over pressure syndrome’.

Schools responded to medical conditions in the pupils by directly and indirectly extending their role to improve the health and welfare of children. They were supported in this by the medical officers for health, the church, charities, individual benefactors, the community and the parents. The study illustrates that several measures introduced locally such as regular exercise and free school meals for the needy, were later introduced nationally by the government.

Muriel Paget's Relief Mission for Slovakian children post 1st World War

Lady Sylvia Liimerick

Lady Muriel Paget's reputation arose from her role proposing, organising and fundraising for the Anglo-Russian Hospital in Petrograd (St Petersburg) with mobile clinics on the Eastern front, 1916-18. Relief work in Russia was ended by the Bolshevik revolution in October 1917 and ensuing civil war. Muriel Paget became a friend of Tomas Masaryk as they fled Kiev by train to Moscow on 23 February 1918 and, with some 40 other expatriates, made an epic train journey across Siberia to USA via Japan. In USA they briefed the US President Woodrow Wilson on conditions in Russia and on Masaryk's vision of an independent united state of Czechoslovakia. Tomas Masaryk was declared the latter's president on 28 October 1918.

In February 1919 Dr Alice Masaryk, daughter of Tomas, invited Lady Muriel Paget to visit Prague and help relieve the desperate situation in the country, especially in Slovakia; over half the population of 13 million were suffering from unemployment, starvation, nakedness and disease-typhus and smallpox. In April 1919 Muriel Paget returned to Slovakia with doctors, nurses, social workers and supplies, to set up typhus and smallpox hospitals and a children's hospital, an orphanage and homes for undernourished children, food and clothing distribution centres and travelling clinics. She returned several times and in September 1921 the first Slovak Baby Week was organised successfully. In 1922 responsibility was handed over to the Slovak Branch of the Czech Red Cross.

Childhood sedation in Victorian Britain

Dr Jonathan Dossetor

We look back on childhood remedies in Victorian Britain in disbelief that such dangerous practices were tolerated for over 100 years. This particularly applies to the whole culture of sedation of children, and the widespread use of opium and opiates.

What was the medical profession doing about this scandal? Why were the politicians not legislating to control such a dangerous situation?

In this talk I will first look at what was actually happening, and then look at the medical profession's contribution to the debate through the 19th century, and then chart the legislative process which finally led to the dangerous drugs act in 1920.

Current reports from the USA of the opiate addiction rates there, and the role of the medical profession in that epidemic, are a salutary reminder of our past, and the responsibilities both for the medical profession and for politicians to protect society in this area.

George Frederic Still – a tribute

Robert Scott-Jupp

Consultant paediatrician Salisbury

2018 is the 150th anniversary of the birth of Sir George Frederic Still. He died in 1943 in Salisbury, and is buried in Salisbury Cathedral Close. Still is one of several contenders to the title of 'Father of British Paediatrics'.

In this presentation I will describe his background, early life and education. I will mention his well-known professional achievements, including the famous description of juvenile arthritis, the disease which still bears his name. I will also describe the difficult circumstances of his retirement during World War II, and his activities before his death in 1943. This will include some personal reminiscences of people who knew him and who were treated by him.

From 2-12 to 0-18; patient admissions policy at the hospital for sick children

Nick Baldwin

Archivist, Great Ormond Street NHS Foundation Trust

From the early years of the Hospital for Sick Children at Great Ormond Street, the age of admissions was restricted to children between the ages of two and twelve, with under twos felt wise to remain with their families, even if seriously ill, and over 12s effectively regarded as young adults and able to start adult employment. The under 2 limit was widely ignored by the clinical staff from an early stage, leading to periodic ructions with the Hospital's Committee of Management, but the upper limit was much more strictly maintained until the NHS era. Post-1948, policy gradually stretched to include adolescent admissions, but in an erratic fashion with wide variation across particular specialisms, and continuing unease on the subject for both practical and philosophical reasons.

“Regular Service Paediatrics - RN perspective: the final 3 decades to 2007.

Christopher Kershaw

The 2nd UK RN Paediatrics and Child Health (Regular) Commissioned Officer appointment was also the last. The Armed Forces Medical Services experienced draw-down associated with the transition from Conventional Operations to UN Coalition Humanitarian aid and Disaster Relief, and the restructuring of home Secondary and Tertiary care support.

In a unique career, which evolves from military hospital service and community support during the Falklands conflict, a(n ex Bristol-rotation) Paediatrician receives Royal Marines, fire fighting and sea survival training to be catapulted by land, air..and sea..into UN Gulf War action zones, with US and coalition military and civilian partners, complete with boots, helmet , bergen and a gas-mask.

The maritime element involves uniformed service on board RFA Argus, the UK RN Hospital Ship, in the Rolls-Royce designed Primary Casualty Receiving Station alongside Royal Naval Medical colleagues and Royal Marines bandmen.

Working initially with local NHS, subsequently with Tri-Service advisers and national and international experts, the challenges faced include: acute, outpatient and outreach care, child protection, SIDS, parental absence and lifestyle factors; mental health advocacy; nursery and disability service provision; immunisation and screening; communicable disease and disaster relief; overseas hospital commissioning, manning and intensive care retrieval through national and international networks and education and fundraising with civilian and Service charities (not to mention sea-sickness, scorpions, unexploded ordinance and Crimean Congo Haemorrhagic Fever.)

Unforeseen events and circumstances beyond individual and professional control present a number of riddles where a degree of personal initiative, resilience, improvisation, good friends and a sense of humour all prove of benefit!

How paediatricians, individually and as a group, are best able to project their influence with politicians and the military to help prevent and ameliorate the effects of disaster and war on Children remains a question of our time.”

Walter Harris (1647-1732). Royal Physician, “Paediatrician” and Best Selling Author

Professor Michael Dillon

(UCL Great Ormond Street Institute of Child Health, London)

Walter Harris has the distinction of being the author of the most important work in Europe on childhood illness in the 17th century. His book “De Morbis Acutis Infantum”, published in London in 1689, remained the “Nelson” of its time for 100 years until supplanted by Michael Underwood’s work of 1784. Why this was remains, to an extent, a mystery, but Thomas Sydenham’s support for it and its simplified approach to aetiology and treatment of disease may be factors. His proposal that the fundamental cause of childhood disease was acidosis and alkali was, hence, the key to treatment was a novel but not original approach that was welcomed by physicians since it made prescribing far less complicated.

Harris was educated at Winchester and New College, Oxford, where his conversion to Roman Catholicism forced him to resign his Fellowship and train in medicine at the University of Bourges in France. He then returned to England establishing a successful London practice but had to re-embrace Protestantism after the Titus Oates plot to avoid expulsion. He became Royal Physician to Charles II and to William III, disagreed with John Radcliffe regarding Queen Mary’s treatment during her fatal illness, held many important roles at the College of Physicians, predicted hereditary influences in the causation of disease, wrote on seasonal diarrhoea, insisted on simplicity in prescribing and was against overfeeding, heavy purging and the use of opiates in cordial for children.

He was not a great physician, not a master mind, not an original thinker but he wrote a good book that held its place for a century and is remembered as a shrewd and honest practitioner, a keen observer, especially of the action of drugs, which led him to teach simplicity, caution and common sense.

Numbering rashes: Dr Dukes’ unhelpful legacy.

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

In 1900 Dr Clement Dukes published a paper describing the fourth infectious rash of childhood. He called it that to distinguish it from the rashes of scarlet fever, measles and rubella, and he based his description on three outbreaks of it that he had observed in his role as doctor at Rugby School in the 1890s. Most of the correspondents to the Lancet and the British Medical Journal who commented on Dukes’ article were sceptical about fourth disease, however, and it has still not acquired the specific microbiological pedigree that scarlet fever already had by 1900, and measles and rubella have since got for themselves. Nonetheless, Dukes set a trend and further enumerations of childhood rashes followed. By 1912 both a fifth and a sixth disease had been characterised clinically, and in the 1980s these two rashes were associated with particular viruses, fifth disease with parvovirus B19 and sixth disease with human herpes virus 6. By then rashes had been associated with echoviruses, too, though numbers were never applied to them. Rather than being numbered on the basis of clinical appearance every outbreak of rash illness deserves to be investigated virologically. As for fourth disease, its nature will probably never now be elucidated; but the general consensus is that what Dr Dukes was observing was a mild form of scarlet fever.

Landmarks in the history of paediatrics

David Stevens

Justification for the speciality of paediatrics is based on the premise that children are not little adults. Landmarks in the changing view of childhood in Western Society include the impact of philosophers, philanthropists, novelists and poets, social reformers, educationalists, as well as governments concerned about degeneration of the population and the need to have a healthy adult work force and army.

Starting with GOS in 1852, most children's hospitals in the UK were built in the 2nd half of the 19th century. However, paediatricians, defined as doctors who confine their practice to caring for children, were very few in number in the UK until the 1950's, prior to that most children admitted to hospital or seen in outpatients were looked after by adult physicians and GPs. In most hospitals in the UK, the appointment of the first paediatrician occurred within a few years after the introduction of the NHS in 1948. This is illustrated by the experience of hospitals in the South West. If the two events are related, these paediatricians and the children they cared for owed more to Beveridge and Bevan than to their fellow doctors in the BMA.

'They may strike back at society in a vengeful manner': Preventing the Psychological Scars of Acne in Post-War America.

Cadogan Prize Essay Entry

Iain Ferguson

In 1956, an article entitled: "Their Speciality is Teen-agers" appeared in *Parents and Family Home Guide*. Its author, Vivian Cadden, described how staff at Boston's Adolescent Unit of The Children's Hospital were wrestling with the "exasperating, illogical and senseless" nature of teenage patient health. She explained how teenage girls suffering from a heavy cold would go to the beach and not "give a hoot" whether they came down with pneumonia, but would feign illness and "mope around" when suffering from "a pimple on her nose". Although earlier physicians acknowledged that acne caused a great deal of anxiety and misery, studies conducted after the Second World War raised concerns over the serious psychological, social and economic implications of acne. Using medical journals, health columns, newspaper articles, and evidence from sociological and criminological studies, this paper argues that acne was constructed as a threat to both the emotional well-being of American teens and, ultimately, American social order. It begins by arguing that increased medical concern about acne was a consequence of the development of adolescent medicine and worries about the mental health of young Americans. It investigates how physicians understood the relationship between acne and mental health during the post-war period amid broader concerns about mental health, juvenile delinquency, sexual promiscuity and racial unrest. Finally, it considers the range of treatments offered to adolescent acne sufferers that promised to lessen both its aesthetic and psychological impact.