AUTUMN MEETING – NORWICH

Friday 5th and Saturday 6th September 2014

BSHPCH meeting Norwich 2014

Programme

Friday 5th September

First session	***Chair Lawrence Weaver***	
2.00 -2.45	Colin Morley	**Guest lecture** History of Neonatal Resuscitation
2.45 - 3.15	Malcolm Nicolson	Professor Ian Donald, the clinico-anatomical method and neonatal respiratory distress
3.15 -3.45	Hans Steiner	The Babies hospital and its successors in Newcastle on Tyne 1925-1997
3.45 - 4.15	**Tea**	
Second session	***Chair Jonathan Dossetor***	
4.15 - 5.00	Bruce Lindsay	**Guest lecture** The Establishment Of The Jenny Lind Infirmary For Sick Children in Norwich, 1854:
5.00 - 5.30	Jean Yong	Baby tent work in Chicago 1905-1917
5.30 – 6.00	Nick Baldwin	W.H. Dickinson at GOS
6.00 – 6.30	**AGM**	
7.00	**Reception**	
7.30	**Dinner**	

Saturday 6th September

Third session	***Chair Denis Gill***	
09.00 - 09.45	Rona Dougall	Scrutiny and Utility; The Family and Social Work in the Children's Hospital
09.45 -10.15	Philip Mortimer	More to it than meets the eye: how the complications of fifth disease revealed themselves**.**
10-15 - 1045	Euan Ross	Epilepsy in Children - from A(bsence) to D(ravet)
10.45 -11.15	**Coffee**	
Fourth session	***Chair Nick Baldwin***	
11.15 - 11.45	Hannah Newton	The Sick child in Early Modern England 1580 - 1720
11.45 - 12.15	Lawrence Weaver	The Medical care of sick children before children's hospitals
12.15 – 12.45	Mary Martin	How illness shaped Childhood in Britain 1800 - 2000
13.00 - 14.00	**Lunch**	
14.15 – 16.15	**Optional Tour of Norwich Medieval Hospital** (see back page)	

History of Neonatal Resuscitation

Colin Morley – Cambridge

Colin Morley was the Professor Director of neonatal medicine at the Royal Woman's Hospital and the Royal Children's Hospital Melbourne, and the University of Melbourne, Australia, from May 1998 to September 2008. His main research interest in Melbourne was in investigating and improving neonatal resuscitation.

Previously Colin was closely involved in the development, synthesis and testing of an artificial surfactant for the treatment of respiratory distress syndrome (ALEC). He researched the role of surfactant in cot death and developed a scoring system to help parents and professionals assess the severity of an infant's illness (BabyCheck). He has also published extensively on many aspects of neonatal respiratory support, including CPAP and different types of neonatal ventilation.

Professor Ian Donald, the clinico-anatomical method and neonatal respiratory distress

Malcolm Nicolson – Glasgow

Professor Ian Donald of the University of Glasgow is most famous for his pioneering work on obstetric ultrasound. However, his first major research interest was in neonatal respiratory distress. He worked to improve the design of 'respirators' and, while a Reader at the Royal Postgraduate Medical School, collaborated with Albert Claireaux, a pathologist, and Robert Steiner, a radiologist, on a major study of hyaline membrane disease. The paper will describe this work, arguing that Donald's approach to the study of hyaline membrane disease and his interest in imaging were both the product of his rigorous training in pathology at St Thomas's. His atelectasis research was, thus, an expression of the 'clinico-anatomical' project. However, the clinical results achieved with ventilation alone proved to be disappointing. The real breakthrough in the treatment of respiratory distress associated with prematurity, surfactant, came from biochemical and physiological investigations undertaken by laboratory scientists and specialist neonatologists. The history of hyaline membrane thus exemplifies the transition between an older form of enquiry, the clinico-anatomical method, and a newer one, biomedicine. It will be argued however that the older form was influential for much longer than is often assumed.

The Babies Hospital and its successors in Newcastle upon-Tyne. 1925-1997.
From marasmus, pvloric stenosis and infections to child abuse and neglect

Hans Steiner – Preston

During the early 20th century, the Babies Hospital was the principal inpatient facility for the treatment of sick babies and infants in Newcastle and the Northern Districts.

From a comprehensive review of a set of Annual Reports during its lifetime-(l 925-1945), a pattern of diseases emerges which reflects the singular clinical services provided by the Hospital. Marasmus gave way to specific diagnoses. Later, infections dominated alongside (surprisingly) operations for pyloric stenosis and cleft palate. Sir James Spence was the driving force of the service. He wrote all the Medical Reports, which include his inimitable commentaries. In 1925, he initiated the admission of mothers into the same room as their children in order to maintain the bond between them and care for them under the guidance of the nursing staff.

New challenges led to further changes after him. From 1948-1997, behaviour disorders and social problems, especially those related to child abuse and neglect came to the fore in the parent/child facilities that followed the Babies Hospital. Admission records and comprehensive reports are available from these years. Fathers and partners were now admitted. The safe hospital environment and welcoming ambience, separate to the "acute" paediatric wards, continued to be well suited to these purposes until the end of the 20* century.

The Establishment Of The Jenny Lind Infirmary For Sick Children, 1854: celebrity endorsement, NIMBY opposition, private finance and the "happy co-incidence" of Great Ormond Street."

Bruce Lindsay – Senior Lecturer in Paediatric Nursing, UEA, Norwich

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In this paper I will discuss the establishment and early management of Norwich's Jenny Lind Infirmary For Sick Children, opened in May 1854 as a 12-bedded infirmary for the children of the 'deserving poor.' The Jenny (as it soon became known) was promoted by its medical staff, management and supporters as an ideal example of Victorian philanthropy and altruism - a shining example of a charitable institution beloved of the city and its population.

In time, the Jenny did become a much loved Norwich hospital. Its establishment was far from easy, however. Opponents viewed it as unnecessary, as a potential hazard to health and claimed that the building would be overcrowded and lacking in facilities. Both the Norwich Dispensary and the Norfolk and Norwich Hospital were concerned about competition from this new infirmary. Financial support was not easy to find. Jenny Lind, the 'Swedish Nightingale', was yet to provide her celebrity endorsement.

Eventually, the Jenny's supporters overcame opposition and delays. A co-operative arrangement was made with the Lying-In Hospital, a pledge was made to reduce the range of diseases that would be dealt with and a reduction in patient numbers was agreed. Did this success signal a shift in local thinking about the care of sick children, could it have reflected the early influence of the new Hospital For Sick Children in Great Ormond Street or was it due, at least in part, to a small group of physicians and businessmen whose financial gains depended on the opening of the Jenny?

Baby tent work in Chicago 1905-1917

Jean Yong – Oxford

At the turn of the 20th century in the United States, mortality rates of infants under one year of age were greater than 10 percent. Densely populated urban areas with populations over 100,000 had even higher mortality rates approaching 20 percent. In the largest cities, infant mortality rates approached 25 percent, with one in four infants not surviving until their first birthday.

Survival was so unpredictable that no insurance company would issue a policy on the first year. Medical and nursing professionals took action in trying to reduce these alarmingly high rates of infants dying. This paper describes the Baby Tent work in Chicago which was established as an initiative to bring medical and nursing care, and public health education to the most deprived areas of the city.

W.H. Dickinson at Great Ormond Street;
Profiler of Victorian Child Patients and their Environment

Nick Baldwin – Archivist, GOS

William Dickinson is remembered, if at all, for his Nephrology treatments of adult patients at London's St. George's Hospital, but he also had a notable career at Great Ormond Street from 1861-84.

He was the first of the Hospital's senior physicians to divide his casenotes into themed volumes for particular groups of conditions. He was a diligent researcher into his child patients' personal circumstances and history of illness in their families, recording this in greater detail than his contemporaries and providing a notable resource. He was also a capable medical illustrator, and was the first GOSH consultant to have his patients photographed, from 1870 onwards.

The next generation, Garrod, Still & Batten, are better known as pioneers of modern Paediatrics, but Dickinson and his contemporaries Thomas Barlow, Walter Cheadle and David Lees were inspirational to them as general physicians with strong paediatric interests

Scrutiny and Utility; The Family and Social Work in the Children's Hospital

Rona Dougall – Glasgow

Through a study of the work of the first almoners in children's hospitals (later to become Medical Social Workers) this paper traces three key shifts in the relationship between hospital and home in the care of sick children. It looks at how social work played a central role in these shifts, from the hospital as respite from the material deprivation of the home in the late nineteenth century and the separation of hospital and home, through the utility of the family in the healing process popularised in the mid-twentieth century, to the scrutiny of the family in the 1960s as the 'discovery' of 'battered baby syndrome' reasserted the hospital's authority.

Through the hospital, social issues in relation to the family were brought into the realm of medical scrutiny. The poorly housed family was seen as the harbour of illness; the attentive and caring parents became part of the treatment, the lack of them a hindrance to recovery, and the deviant parent became the cause of ill-health or injury. The patient in the children's hospital has been consistently defined not just in terms of the individual child but by the family. The history of children's health care in hospital is one in which the relationship between home and hospital has played an important part. A relationship built largely on the actions of social workers scrutinising and assessing the family's ability and utility.

More to it than meets the eye: how the complications of fifth disease revealed themselves.

Philip Mortimer – Colindale, London

In the 1890s the rashes of childhood were given numbers, one to six. These rashes have since been attributed to various pathogens, and in 1980 it was established that the fifth of them (erythema infectiosum or 'slapped cheek' disease) was due to a parvovirus. In a rapid series of serendipitous observations it was discovered first that an 'orphan' human parvovirus, 'B19', existed; second that it was the cause of acute anaemic crisis in sickle cell disease and hereditary spherocytosis; third that B19 was primarily the cause of fifth disease; fourthly that it also sometimes caused acute arthritis in young women; and lastly that it was the occasional cause of miscarriage between the 15th and 20th week of pregnancy. Epidemics of fifth disease occur roughly every five years and as a result about half the adult population retain detectable antibodies to B19. While fifth disease is usually trivial, clinicians should be alert to the more serious manifestations of that infection when they see cases of 'slapped cheek'.

Epilepsy in Children - from A(bsence) to D(ravet)

Euan Ross –

If the dullest and deadest of all reading, to wit, statistics, appears here and there, may it be forgiven! Statistics, not withstanding all their fallacies, do in some sort give a sense of perspective. Sir G F Still. Common Happenings in Childhood, Oxford. 1938

This will be a quick tour through the developing world of children's epilepsy. My interest began as a paediatric SHO in 1964 at Dundee Royal Infirmary. Paediatric knowledge was exploding. Morbus cordis had become a cardiac plumbing repair job but many common disorders including epilepsy attracted little research. In 1968 Neville Butler, master mind behind the National Child Development Study, invited me to spend a few thousand unspent pounds on research. I chose Epilepsy in Childhood. International interest was stirring in the Classification of Epilepsies. Petit mal became Absence epilepsy. Grand mal became non U. Temporal lobe epilepsy attracted interest – was it due to febrile convulsions? Some epilepsies had obvious causes including bacterial and viral brain illness, cerebral accidents or gross congenital abnormality. My studies (intra alia) revealed no obvious cause for about 50%. A few were later explained by CT and or MRI brain scan and video EEG but it is in the past twenty years that genetics started to unravel the invisible brain and where seizures start. Much more is yet to be learnt – hopefully the best is yet to be.

'Widespread public and professional concern over the safety of pertussis immunization'. In 1974, David Miller at Middlesex Hospital Medical School recruited me to work on the National Childhood Encephalopathy Study. From a nationwide three year case – control study we found 35 children who had an 'encephalopathic illness' within 7 days of pertussis immunisation. Most soon got better without sequelae. 7 had persisting neurological problems. There was then little knowledge of genetic factors in the aetiology of epilepsy. Increasingly, abnormal genes including SCN1A are being found in some children with epilepsy syndromes. Being intrigued, I invited Dr Charlotte Dravet from Paris to speak on severe myoclonic epilepsy in childhood at a conference in London. For more, please listen ...

Where there is no vision the people perish.

The Sick child in Early Modern England 1580 – 1720

Hannah Newton – Cambridge

The sickness or death of a child was a common occurrence in the early modern period: over a quarter of young people died before the age of fifteen. What happened to children when they fell ill? Who looked after them, and how were they treated? How did parents and the children themselves experience sickness and death? Drawing on primary sources such as diaries, letters, and doctors' casebooks, my paper seeks to provide answers to these questions. In doing so, it overturns three major myths in the historiography of childhood: firstly, the notion that children were regarded as 'miniature adults' before the late nineteenth century, and that no concept of paediatrics existed before this time. The second myth is that parents did not grieve very much upon the deaths of their children. Fathers in particular, have been portrayed as cold and aloof figures, who had little to do with small children, and rarely lamented their deaths. Thirdly, the paper challenges the entrenched assumption that it is impossible to access the experiences of children, owing to the fact that this age-group rarely left written records. I show that illness is one context in which the child's voice can be heard: acutely aware of the likelihood of death, parents recorded in unparalleled detail the thoughts, words, and actions of their sick children. The research brings together the interconnected fields of the history of medicine, childhood, bodies, emotion, pain, death, religion, and gender

The Medical care of sick children before children's hospitals

Lawrence Weaver – University of Glasgow

Concern for the health and welfare of children, especially those abandoned, destitute or disabled was, throughout Europe, the inspiration for many initiatives for their care, such as foundling hospitals, children's dispensaries, asylums, feeding stations, welfare clinics and crèches. But children's hospitals are a relatively recent phenomenon and have a history of no more than two hundred years or so. They sprang up in many European cities during the late nineteenth century and are now the principal setting for the provision of clinical care for sick children.

This paper traces how a dearth of medical men with interests and expertise in children's disease, a fear of the clinical and moral effects of bringing sick children together in hospitals, ignorance of 'children's physic' and opposition from a powerful medical establishment which saw specialist hospitals as a threat to professional livelihoods, hindered the development of children's hospitals. It took a change in the way in which children were viewed, a revolution in the way medicine was practised, and a victory of the champions of paediatrics over sceptics and opponents before specialist hospitals for children were founded and became secure, viable, safe and effective places for their clinical care and treatment.

How illness shaped Childhood in Britain 1800 – 2000

Mary Clare Martin – University of Greenwich

Despite expanding interest in the historical sub-disciplines of medicine and childhood, there has been little examination of the impact of illness on the experience of childhood, and how this changed over time. Drawing on a wide range of sources, from a recent Mass-Observation directive on this topic, to memoirs and oral history, this paper examines how childhood was shaped by specific illnesses from 1800 to 2000, in Britain. . Thus, whereas whole families might be wiped out in a week by scarlet fever in the nineteenth century, in the early twentieth century tuberculosis and polio were the most serious threats. Changes in experiences of illness were shaped by medical advance, notably the marketing and availability of antibiotics from the 1940s. From children's perspectives, the material culture or emotional experiences which accompanied illness were often the most likely to be recalled. Children born shortly before or during the 1950s recalled being in glass cubicles in isolation hospitals, and the trauma of family separation due to hospitalisation. The generation born a decade or so later often recalled measles as a particularly serious illness, treated in darkened rooms or accompanied by special food or ice cream. Whereas childhood leukaemia currently affects a far smaller proportion of children, than such infectious diseases, the material culture of this life-threatening condition, including central venous lines and drips, can nevertheless have an impact on siblings and peers, as well as on the sick child.

The Great Hospital, Norwich

The Great Hospital is a medieval hospital that has been serving the people of Norwich since the 13th century. It is situated on a 7-acre (2.8 ha) site in a bend of the River Wensum to the north-east of Norwich Cathedral. Bishop Walter de Suffield founded St. Giles's Hospital, as the hospital was originally known, in 1249. What makes the hospital notable today is its continuous record of care, the range of existing medieval buildings on the hospital grounds, most of which are still in use, and the extensive archives that record the hospital's long history.

The original beneficiaries of the new hospital in 1249 were aged priests , poor scholars , and sick and hungry paupers . Clerics remained unmarried in this period, so they had no family to support them in old age. The poor scholars, boys selected on merit from local song schools, were to receive a daily meal during term times. This was to continue until the boy had achieved a good grasp of Latin. With this help, bright but poor boys were given the chance to train as choristers or even to enter the priesthood.

Thirty beds were earmarked for the sick poor, and thirteen paupers were to be fed at the hospital gates each day. Four Chaplains, a deacon and sub-deacon, as well as a master of St. Giles's, were appointed. The hospital was modelled upon the Augustinian rule under which excessive liturgical ritual was discouraged to permit more time for charitable works. Nevertheless, the master and chaplains were bound to sing three masses a day, including one for Bishop Suffield's soul, as well as a weekly mass in honour of Saint Giles.

The Head of the Great Hospital is called 'Master'. Hamon de Calthorpe was the first Master in 1256, and sixty-four Masters have followed him until the present day. Substantial changes that modernized the Great Hospital and ensured that it was a model community for the elderly going into the twenty-first century were initiated by Jack Davies Shaw, Master from 1965 until 1980. The first female Master was Dorothy North from 2000 until 2007, and the current Master is Kevin J. Pellatt .