

Sick Children and their Parents

Foreword

I was born in Belfast in 1926, brought up in England, qualified in medicine at Queens University Belfast in 1951.

After several house jobs, I did paediatrics at Hammersmith Hospital and was sent by Archie Norman to work under Dermod MacCarthy at Aylesbury and Amersham. When I arrived there in 1954 he had for about a year been having mothers of young children coming in to Amersham Hospital at the instigation of his ward sister Ivy Morris who had been a nanny before qualifying as a nurse at Elizabeth Garrett Anderson Hospital.

James Robertson from the Tavistock Clinic followed up his film 'A Two-Year --Old Goes to Hospital' with 'Going to Hospital With Mother' at Amersham. It is partly due to the influence of those two films and talking to Robertson and MacCarthy, who were supported by Wilfred Sheldon, that the 1959 Platt report was able to make a recommendation that mothers come into hospital with their young children.

After five years of paediatrics, I did three years in General Practice, three years in Adult Psychiatry, and one year in Child Psychiatry. I was appointed Consultant Child Psychiatrist in 1966 at Aylesbury, retiring from there in 1991. I then did about fifteen years as an expert witness in the Family Division of the Courts.

I have recently felt I have a responsibility to use my own experience to reflect on the contact that children have had with their parents when they were sick, at home and in hospital, which is why I wrote what you are about to read.

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2019-23

Summary

Small children admitted to hospital will not thrive without having a parent with them. This has been dimly understood by paediatricians for at least 250 years but only since a vigorous campaign for parental visiting in the latter part of the 20th century has practice changed, against enormous institutional resistance.

We need to remember this history in order to maintain progress. Our collective wish not to re-experience childhood feelings of abandonment is very powerful.

This paper chronicles the efforts of pioneering paediatricians and parents from the 18th century to the present day.

GEORGE ARMSTRONG

Took paediatrics from a conjectural art into a branch of scientific medicine

“If you take a sick child from its parents or nurse you break its heart immediately”. This was said in 1772 by George Armstrong (1719-89).

George Armstrong set up the first hospital/dispensary for sick children in the world and wrote one of the first books on children’s illnesses. His textbooks were widely read both in the UK and Europe where they were translated into Italian and German.

In this paper the word ‘hospital’ is used in four different senses - Armstrong’s dispensary/hospital; a foundling hospital such as that of Thomas Coram; hospitals as described by Spitz which were, in fact, institutions for abandoned children; and, of course, the everyday hospital that we know today.

A son of the manse, he qualified in medicine at Edinburgh when he was 19 and probably practised near his home until 1745 when, in the wake of the Jacobite Rebellion, he joined his older brother John in London. John also qualified in Edinburgh and so was unable to practice in the City of London and had taken to writing, but was able to work in an Army hospital set up to look after the wounded from the Battle of Prestonpans. George became his assistant.

In 1755 George married and moved out of London to Hampstead where he practised as a surgeon apothecary. The birth of his daughters led to an interest in the conditions of children. He read widely and wrote his first monograph ‘Essay on the Diseases Most Fatal to

Infants to which are added Rules to be Observed in the Nursing of Children' which appeared in 1767. This book changed paediatrics from a conjectural art into a branch of scientific medicine (and probably led to him getting an MD from St Andrews).

Two years later he set up his dispensary. At this time there was little concern about the high mortality rate of infants and children, especially of the poor. (Even Thomas Coram's Foundling Hospital, opened in 1737, did not get general approbation because of his concern over the number of dead and dying babies in the streets). But probably more important was the fact that the medical establishment felt there was little that could be done for infants and children because they could not say what was wrong with them. In attempting to treat them one could "do them a mischief" so they were usually taken to old women. Armstrong set up his Dispensary supported by colleagues from Scotland and others, as well as the Royal College of Physicians, who turned a blind eye to the fact that he had qualified in Edinburgh.

The Dispensary lasted for twelve years, saw 35,000 children and had to move four times because of increasing numbers. Armstrong kept excellent records and thus was able to write about his work, such as his treatment of whooping cough and his classic description of pyloric stenosis and its pathological findings. He wrote that he did not confine himself to treating the child, but extended his care to the prophylactic branch, enquiring into the child's diet, not only during the illness but after the recovery. He also instructed on ventilation, cleanliness and keeping them dry and, if they got ill again, to take them to the doctor. The dispensary provided a great number and variety of cases and he used these for educating doctors, nurses and others looking after children. His books were his legacy and he was seen as both the father of paediatrics and of preventive paediatrics.

The Dispensary closed on the 1st December, 1781 due to lack of money and Armstrong's ill health. In 1783, he published his last book and died in obscurity in 1789. Two years after his last edition, Michael Underwood (1736–1820)¹ plagiarised and then later criticised his books, and thus his work was forgotten until resurrected by George Frederic Still², then by William Maloney³ and Peter Dunn⁴.

¹ Underwood M (1784) *A treatise on the diseases of children; with directions for the management of infants from birth*. London: J Mathews. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2672675/>

² Still G (1931) *The History of Paediatrics: The Progress of the Study of Diseases of Children up to the End of the XVIIIth Century*. Oxford University Press

³ Maloney W (1954) *George and John Armstrong of Castleton*. Edinburgh: Livingstone.

⁴ Dunn PM (2013) Dr George Armstrong (1719–89) and his biographer, William Maloney MD (1882–1952). *Journal of Medical Biography* 21(1):49-54

But he did leave behind one important comment. In 1772 there was discussion about whether there should be a hospital attached to the Dispensary. Armstrong was against this at the time, saying he was worried about cross-infection, children disturbing each other, the mothers not being able to leave their families to look after their children in hospital, and concern about whether the mothers and nurses would get on. This last comment is now a matter under debate.

JOHN BUNNELL DAVIS

The Dispensary was better known on the Continent than it was in the UK. The paediatric concept was exported to Europe where hospitals and departments for children were being developed, for example, in Paris which in 1802 had the first children's hospital in the world.

in the 36 years following the closure of Armstrong's Dispensary, there seemed to be no facilities specifically for the care of sick children of the poor, though there was some concern that children under two should not be taken away from their mothers [where on earth would they go after the age of two?]. Knowing that adults would always be seen first, mothers did not take their children to the general dispensaries.

In 1816, John Bunnell Davis (1777-1834) opened 'The Universal Dispensary For Children' in St Andrews Hill, London. He had been detained in France and there started dreaming of a dispensary, being the first of many in the metropolis, possibly even extending across the country, with some of them becoming hospitals. (Had he heard of Armstrong's dispensary, he admitted later on, he might not have been quite so enthusiastic. He did love being the first). Back in England, Davis campaigned to raise money before being able to open his dispensary, which was so successful that it outgrew its premises and had to move. Once again he became the tireless and effective fundraiser, letter-writer and organizer with royal sponsorship and was able to move the dispensary to Waterloo Road. There were also two wards which were never opened. Two months before it was finished, at the age of 47, he suddenly and unexpectedly died, leaving debts. Even when these were settled, the Committee was unable to move forward. It continued as a dispensary, but the hope of a dispensary-hospital for children seemed to have died with Davis. Davis had great compassion for sick children, though there is no evidence that he understood the need of young children for their parents or nurse, but this was normal. Charles West was appointed to the Dispensary in 1842 and did try to open up the wards, but was unsuccessful.

CHARLES WEST

When the nurses arrived, the mothers left, becoming visitors, or were simply absent

Charles West (1816-1898), the son of a Baptist minister in Amersham, was at Barts Hospital as a student and then went to Europe qualifying in Berlin in 1837. Returning to England, he tried general practice, thence spent a year at the Rotunda Hospital, Dublin. With the arrival of his own two children, he became appalled at the high death rate and lack of medical interest in the sick children, especially of the poor.

In 1840 Charles West was allowed to attend the Dispensary in Waterloo Road and in 1842 was appointed there. Familiar with hospitals for children as a student in Europe, he tried to persuade the Committee to open its wards, as Davis would have done. But, after seven years, he became exasperated by the lack of progress, and resigned in September 1849. Once again, Davis' dream died.

West, like everybody else, believed that sick and dying children would be better at home with their loved ones and that the family had a responsibility to look after its own. But, from his home visits, he had seen first hand the conditions in which these children lived and the burden of the child's illness on the mother. In addition, he had seen from his experience in Europe that hospitals for children were necessary and could be achieved, but in the UK there was considerable resistance to them. West met up with the distinguished Henry Bence Jones FRS (1813-1873) who, having also worked in Europe, understood the need for them. Bence Jones had the social and financial contacts which Charles West lacked. A committee met at Bence Jones's house, and the money was raised. Charles West played his part as a persuasive speaker and was excellent at writing pamphlets. He went to Europe and investigated the hospitals there. Like Armstrong, he also thought a large number of sick children gathered together in one place might stimulate medical interest in children's complaints.

'The Hospital for Sick Children' was opened in Great Ormond Street, on 14 February 1852, with West as the first physician. To begin with, there were about seven beds but no nurses, and at first the mothers came in to look after their children. But West never at any stage believed that children under two should be admitted - they had to stay with their mothers. He saw that the nursing of children was more complicated than of adults so he started a training school. This was the first in the country and was way ahead of Florence Nightingale. When the nurses arrived, the mothers left and became visitors. For the next hundred years, visiting hours were from two to five on Sundays - there was no George Armstrong to dispute this.

The hospital quickly became a centre of excellence for the provision of healthcare to children of the poor, for the encouragement of clinical research in paediatrics, and for the education of doctors and nurses. West arranged for a library and museum to be built within the hospital. As well as in-patients, there was a thriving outpatient department which provided not only diagnosis and treatment but also education of mothers, rather like the old dispensaries.

There was at the time no understanding of the emotional distress and psychological damage to children from the lack of contact they had with their families. For the children, it must have been bleak and depressing. Occasionally, some were kept in even longer because they were 'interesting cases'. The mothers knew their children would be 'changed' when they came out of hospital, but they were poor and said nothing.

After the hospital in Great Ormond Street was opened, further children's hospitals were built in the big cities, usually by individual donors, such as Jenny Lind in Norwich. Fever hospitals and sanatoria were also being built by the government out in the country (like the mental hospitals) where there was usually no visiting at all.

Hospitals faced repeated medical demands to cut back on visiting hours (the official reason being that the parents brought in infections though probably the real reason was that the ward was easier to run without them); consultants were being discouraged from visiting their patients at home; and, in addition, children were not going home, they were going to convalescent homes, often attached to the hospitals. Thus the hospitals were becoming distant from the community.

Wealthier parents were seeing that their children needed more education than was possible at home, and so they were being sent away to preparatory schools in order to prepare them for public schools. It seemed as if parents, and parenting, were becoming less important.

In the enthusiasm for medical improvement in physiological care and as the hospital movement flourished across England, the emotional needs of children for being looked after by their mothers and nurses had been forgotten. In the new hospitals their medical care improved, but the children had little or no contact with their families. This was a devastating experience, especially for the youngest who became psychologically damaged. There was no new George Armstrong to remind them. However, there were a few exceptions.

HUGH OWEN THOMAS

An eccentric genius with a crucial link to Sir Harry Platt

Hugh Owen Thomas (1834 – 1891) of Liverpool was descended from a long line of bonesetters. He was the father of orthopaedics in the UK and an eccentric genius. Although there is no indication that he was greatly concerned about the relationship between mother and child, he was passionate about the treatment of children with TB of the hip, knee and ankle. As a medical student in Edinburgh, and possibly as a postgraduate student in Paris and London, he had seen the mutilation that followed surgical treatment, whereas he thought the treatment should be enforced, uninterrupted and prolonged rest using his splints. This could be done at home with regular visits from him, and if needed for emergencies, but the parents had to follow his instructions meticulously. He also believed in sunshine and fresh air, if necessary on a bed chained to the railings in the street. His splints are miraculous and are still being used today. He occasionally gave lectures and wrote a number of books well into the night, having started work at 5 o'clock in the morning.

A small man, a patch over one eye, a beard, a black coat that he always wore, never had a cigarette out of his mouth, Owen Thomas frequently quarrelled with everybody, although clinically he was quick and gentle. He worked for the poor, looked after the dockers and their injuries, and when he died at the age of 57 the whole of Liverpool mourned him.

When he was 17 his wife's nephew, Robert Jones (1857 - 1933 later Sir Robert) lived with them as a medical student. After qualifying in 1878 Jones worked with his uncle at 11 Nelson Street. At 31 he was put in charge of the 20,000 workers on the Manchester Ship Canal, which took seven years to build. He met up with Agnes Hunt, first as a patient and then as a colleague, and became the orthopaedic surgeon to her hospital in Bathchurch. He ended the First World War as a Major General in charge of orthopaedics. He introduced his uncle's splint, the Thomas Splint, in 1915 which reduced the death rate of complicated fractures of the femur from 80% to 8%.

In around 1893 Jones saw Harry Platt (1886 - 1986) who, at the age of five, had developed a tuberculous knee (Platt gives a vivid description of this consultation at Nelson Street). Harry's education was at home, where he taught himself French and German. He became very attached to Jones, who continued to look after him and, although music was a passion, he did not get a hoped-for scholarship to London and so after some indecision decided to follow Jones into medicine. He qualified with brilliant results and then went into orthopaedics. Harry Platt was later to be made the chairman of a committee on the welfare of children in hospital [of which more on p 36, below].

JAMES H NICOLL

“small children do best in their mother’s arms”

Though not recognised by the British Association for Day Surgery, James H Nicoll (1864-1921) is considered the father of day surgery for children.

Another son of the manse, Nicoll qualified in Glasgow and went to London and probably Europe for his postgraduate education under Professor Frederick Treves. In 1894, believing that children under two should not be away from their mothers, he started a day surgery unit in the dispensary of the Hospital for Sick Children in Glasgow, treating, amongst many other conditions, hernias, pyloric stenosis, cleft palate and hare lip. After an operation, without a mother in the ward, a child was ‘all over the bed... if splinted his crying and struggling put fresh strain on his sutures’ and he concluded that the small children would ‘do best in their mother’s arms, and nest there more quietly on the whole, than anywhere else’. He believed that hospitalization was neither needed nor beneficial for children under two, and was supported by a team of nurses who made daily visits to children in their homes. Nicoll felt that ‘with a mother of average intelligence, assisted by advice from the hospital sister, the child fares better at home’. He had a house available hard by for the mothers and children who did not live locally, without which he thought no children’s hospital would be complete.

Nicoll described his work in a paper, ‘The Surgery of Infancy’⁵ given at the 1909 BMA meeting, where in the discussion that followed it emerged that other surgeons from Glasgow, Edinburgh, Belfast, and Liverpool were doing similar work. His discussion ends with a description of a child going back after the operation, with an appropriate dressing, to the parents’ bed along with the other children. His dispensary lasted until 1914 when the hospital was requisitioned by the army.

James Nicoll was a truly outstanding person and very popular. After going to France, in 1917 he got dysentery and never really recovered, dying in 1921 along with day surgery for children - casualties of the First World War, both largely forgotten.

SIR JAMES SPENCE

The first to actually have mothers coming into hospital with their children, but was more concerned with the needs of mothers than with the babies’

In 1926, James Spence (1892-1954) was appointed to the Babies Hospital in Newcastle (for children under three). As a follower of Truby King, Spence admitted mothers initially to deal

⁵ Nicoll J H (1909) The Surgery of infancy *British Medical Journal* Sept 18, 753-4

with breastfeeding problems, then for mother to care for the baby. He was unable or unwilling to admit all mothers but reckoned that he could decide who should be admitted, not for sentimental reasons but from long and wise experience of the type of mother who would benefit⁶. In his lecture 'The Purpose of the Family'⁷ he describes two groups of mothers. One who left their baby in the hospital, worried at home, and then collected it from somebody who had made it better. These mothers always had a sense of failure and lacked confidence in managing afterwards. The other group, who were admitted to hospital with their baby, looked after it, had a sense of achievement and thereafter had greater confidence. Spence could have done more to promote maternal confidence. Perhaps he was too paternalistic to see how to do this.

In his Charles West Lecture⁸ he gives a fuller description of the situation. He points out that nearly all the nursing of sick children is done by mothers at home, and that bringing mothers into hospital with their children is just an extension of this. They have their own room near the ward, and so have medical and nursing support when they need it. The nurses learn from seeing the mother and child together as do the students if they are there, and with the mother looking after the child the nurse is free to spend more time on the ward.

Although, Spence had great understanding of mothers and their needs, he had less understanding of the babies' needs. While the lecture describes the loneliness of a small child in hospital without mother to read him the bedtime story, he was more concerned that mothers needed to be with their sick children. As a man of his time (like the rest of us) he had little knowledge of a child's emotional development and of the child's need for mother.

Spence describes the distress of older children in long term hospitals. Having talked to them as adults, he was aware of how they had felt as adolescents living in long stay hospitals and was very understanding of their distress.

He deplored the arrangements in maternity hospitals whereby the babies were kept in the nursery while the mothers were away from them in the lying-in ward. The babies were brought to the mothers every four hours for what he scathingly called "milking time". After

⁶ Ursula Ridley (1956) *The Babies Hospital Newcastle Upon Tyne*. Andrew Reid & Co, p.15

⁷ Spence J (1946) *The purpose of the family: a guide to the care of children*.
<https://wellcomecollection.org/works/gun5bxk5>

⁸ Spence JC (1947). The care of children in hospital. The Charles West Lecture. *British Medical Journal*, 1, 125.

carrying their baby for nine months, most mothers want it beside them. Nowadays, of course, this does not pertain.

Many years later, Klaus and Kennell⁹ demonstrated the great importance of early skin to skin contact in bond formation for new mothers and their babies.

In spite of Spence's stature, his arrangement of having mothers into hospital with their sick children was widely known but not emulated at the time. He had an antipathy to psychiatry and psychology, even more than most people at the time, in particular to John Bowlby's collaborator James Robertson's evidence of the effects of parental separation on children in hospital. In 1951 at the British Paediatric Association annual meeting Spence was extraordinarily scathing of Robertson's description of the emotional distress that small children feel when they first come into hospital - "What's wrong with emotional distress?" Robertson had been a guest at the BPA meeting and a few months later called in to see Spence. He was greatly impressed by the mothers in the Babies Hospital with their young children and Spence's relationship with them, but he also saw in an ordinary children's ward the same distressed toddlers that he had seen elsewhere. He asked Spence about this and Spence put his hand on Robertson's knee and said, "Robertson, I know how much these children need. Twice a week is enough"¹⁰. As Robertson says, Spence's understanding of the mother's needs meant the children got the looking after by her as a 'spin-off'. When Spence saw Robertson's film, 'A Two-Year-Old Goes to Hospital', he was as "caustically negative as before".¹¹

Spence's great antipathy to psychology and psychiatry may have arisen from his experience at the front in the First World War. He joined up in 1914 at the age of 22, having just qualified as a doctor. He got the MC and Bar for gallantry for looking after wounded soldiers under fire. It's possible that he had some degree of post traumatic stress disorder. Smoking at the front was encouraged to help people cope with the boredom and the terror. Spence's heavy smoking continued for the rest of his life. There was never any public indication that he suffered from PTSD and one must admire his apparent resilience, but I wonder if the casualty was his antipathy to psychiatrists possibly because he thought they may discover it.

⁹ Klaus, M. H., & Kennell, J. H. *Maternal-infant bonding*. St. Louis: Mosby, 1976.

¹⁰ Robertson, James & Robertson, Joyce (!989) *Separation and the Very Young*, Free Association Books, p.20

¹¹ Brandon, S. 'Children and Parents in Hospital' Speaking at NAWCH, Unpublished paper, 1986 p.13. Some of this paper is abstracted in Brandon S, Lindsay M, Lovell-Davis J, Kraemer S. (2009) "What is wrong with emotional upset?"--50 years on from the Platt Report. *Arch Dis Child*. 94(3): 173-7. <http://www.sebastiankraemer.com/docs/Kraemer%20Emotional%20Upset%20Brandon%20et%20al.pdf>

His death in 1954 may well have been due to smoking. Thus, another First World War casualty like Nicoll.

AFTER WORLD WAR ONE

Still no increase in visiting time for children in hospital.

Except for James Nicholl no one during the first part of the twentieth century seems to have been concerned about babies under two being away from their mother.

Before the First World War there had been a worrying fall in the birth rate and no decrease in the number of children that died from diarrhoea, leading to concern about who was to run the country and the Empire. This was further heightened by the slaughter of the War. Mothers were initially blamed for the diarrhoea even though it was clear the vast majority of cases came from poor areas, but it was cheaper to blame mothers than improve the tenements and have uncontaminated milk.

Perhaps because almost everybody had lost someone, there was after the First World War an increasing interest in children. There were now enough physicians in the UK interested in children's conditions to promote a professional organisation in which to meet. This was the British Paediatric Association, founded in 1928 under the leadership of George Frederic Still.

At first, this increased interest revolved around habit formation, as suggested by the American behaviourist J.B. Watson who had little time for sentiment or tenderness. And Truby King, although he promoted breastfeeding, at the same time stipulated regular four hour feedings with no feeding at night (thus negating its use as a contraceptive). His insistence on regularity included all aspects of child care. If the mother could not cope with her baby crying before his feed was due, she should put the baby in a pram at the end of the garden. (Maybe the working class babies with no pram and no garden did better, as described by the Robertsons. Here the babies were picked up when they cried and fed on demand).

Gradually, Watson's views were replaced by, among others, the psychoanalyst and educator Susan Isaacs. In her book *The Nursery Years* (1929)¹² and in her advice column in the magazine *Nursery World* (1929-36) she advised parents to have a more tolerant view; to take an interest in what their children were saying, thinking and doing, and to attempt to understand their anxieties and fears. In 1939 John Rickman edited *On the Bringing up of*

¹² Isaacs S (1971) *The Nursery Years: The mind of the child from birth to sixth years*. Routledge, London

*Children*¹³, a series of lectures by child analysts. Margaret Lowenfeld, director of the Clinic for Nervous and Difficult Children, also gave lectures. The swing against Watson's behaviourism was further increased with the publication of *Babies are Human Beings* by Aldrich and Aldrich (1938)¹⁴.

In spite of this growth in understanding there was still no increase in visiting time for children in hospital. These were largely the children of the poor. The middle classes had their children looked after at home or in nursing homes.

It was the child guidance clinics, imported from America and paid for by the Commonwealth Fund of New York, that made a major contribution to the change in attitudes. These clinics were set up from 1926, the first one by Emmanuel Miller in the East End Hospital funded by the Jewish Board of Guardians, and with the support of the New York Commonwealth Fund further clinics in Glasgow, Birmingham and London were opened, 40 in all. Those working in these clinics were analytically orientated child psychiatrists, psychologists and social workers. The clinics provided a place for parents to visit to discuss and occasionally get advice about their disturbed children, and sometimes the children got treatment. They also provided an opportunity for research including that done by Harry Edelston and John Bowlby.

HARRY EDELSTON

A maverick child psychiatrist who saw, but without the benefit of attachment theory, that small children in hospital suffered greatly

Apart from the parents of the children in hospital no one was aware of the children's emotional distress after admission. From 1936 to 1939 the child psychiatrist Harry Edelston (1902-1994) followed up 42 children who had been referred to a child guidance clinic because they had been disturbed and distressed by a hospital admission. He does not seem to have made any specific comments about the significance of the age of the child nor the duration of hospital stay. Nevertheless he did show that time in hospital can be a traumatic and emotionally damaging experience for children. His paper was published in 1943 in an American publication, *Genetic Psychology Monographs*¹⁵. Sadly, no paediatrician would have heard of this journal, and so nobody read it. The paper was criticized by his colleagues. Edelston himself would continue to write to the *BMJ* and *Lancet* after the war.

¹³ Rickman J (Ed) (1939) *On the Bringing Up of Children*, Routledge.

¹⁴ Charles Aldrich & Mary Aldrich (1938) *Babies are Human Beings: An Interpretation of Growth*, Macmillan

¹⁵ Edelston H (1943) Separation anxiety in young children: a study of hospital cases, *Genetic Psychology Monographs* 28. 3-95, no. 1

ANNA FREUD

A leading child psychoanalyst and pedagogue

In 1938, Anna Freud (1895-1982) came to England from Vienna with her father to escape the Nazis. In Vienna she had become one of the leading figures in child analysis. In 1937 she started up the Jackson Nursery for children under two with a view to trying to observe the actual experiences of the first years of life. The following year she brought in her luggage a set of specially designed Montessori toys from the nursery. With the bombing of London, she was aware that many children would be homeless and without parents. During the Blitz, there were some children and their parents who came to stay in a shelter near Miss Freud, but it was not until the spring of 1941 that the Hampstead War Nurseries were properly organized with money from the American Foster Parents' Plan. With her long-time friend Mrs Dorothy Burlingham she opened up nurseries for children orphaned or homeless from the blitz, and encouraged their mothers to visit them as much as they could. To begin with children were put together with others of the same age but later the arrangement was changed so that there were two or three staff to a group of children of different ages in a family-like structure. This was a vast improvement and the children became very attached to the adult in charge of their group and equally distressed when the adult had to leave. Heart-rending descriptions of the distress of these children were recorded either because of the loss of a parent or their carer. Miss Freud had to find students to continue to look after the children (the first of whom was Joyce Robertson).

She had great concern about these children and was glad to be able to take them in and look after them. She also put great value on the record of what the children said and did, the better to understand their development. Thus she educated the staff to make and record their observations on cards, which she would collect up each evening and then lecture on, and discuss their relevance to the staff, at the same time learning more about child development herself. To paraphrase Anna Freud, for children, relationships were as important as food and vitamins. She believed in the importance of the child's early attachment to its caregivers for later development.

The Hampstead War Nurseries were closed at the end of the War and homes were found for all the children. Many of the workers now wanted to train in child psychotherapy, and so Anna Freud set up the Hampstead Child Therapy Clinic. In 1949, at a joint national meeting of child psychiatrists and paediatricians she gave a presentation together with Dr A. G. Watkins on "effects of hospitalisation on the child"¹⁶. She always wanted to talk with those

¹⁶ The meeting was set up by the child psychiatry section of the Royal Medico-Psychological Association (RMPA, forerunner of the Royal College of Psychiatrists) to which were invited members of the British Paediatric Association (BPA, later the Royal College of Paediatrics and Child Health), the paediatric section of the Royal Society of Medicine – where the meeting was held - and the

involved with children such as teachers and paediatricians to help them understand child development. For nearly thirty years she had monthly meetings with many distinguished paediatricians in her house in Maresfield Gardens to discuss emotional problems they found in their patients. She was interested in the effects of bodily illness on children and could understand why they felt they had been sent to hospital because they were naughty. This group was a unique source of reflection on childhood experience of illness and separation for a generation of doctors who had no other such opportunities. Writing of her recollection of these meetings Christine Cooper says Miss Freud "often reminded us that, a child needs mothering and not just a mother".¹⁷

Anna Freud's belief in the value of observation was a consistent theme in her work. I do not think that she did much for mothers in hospital as such, but she did say that mothering was as important for the emotional development as good nutrition was for physical development. Also, her education in observation was an essential part of Robertson's later contribution. She supported the film 'A Two-Year-Old Goes to Hospital'¹⁸. It may also be that her regular meetings with paediatricians contributed to mothers coming into hospital with their children.

Anna Freud had seen first-hand the devastating effects of children separated from their parents. The editors of the *Lancet* and the *BMJ* in the early 1940's also, at times, contributed to a general increase in the understanding of the effects of separation. The *Lancet*, for example, helped raise the level of debate about children in fever hospitals, whilst the *BMJ* later published an editorial on Bakwin's paper *Loneliness in Infants* (below, p 15)¹⁹.

AYR COUNTY HOSPITAL

Although most fever hospitals had no visiting, in January 1940 the *Lancet* published an editorial on the announcement that Ayr County Hospital, following the examples of other hospitals, had decided no longer to admit visitors to its children's wards due to cross-

maternity and child welfare section of the Society of Medical Officers of Health
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2049952/?page=1>

¹⁷ Cooper C (1983) *Contemporary History of Paediatrics and Psychoanalysis - Miss Anna Freud Archives of Disease in Childhood*, 58, 472-473.

¹⁸ <https://vimeo.com/ondemand/atyoggth>

¹⁹ Bakwin H (1942) *Loneliness in infants. Am J Dis Child.* 63(1):30-40.

infection and because visits upset the children.²⁰ The consultant at Ayr believed children quickly settled in the hospital and adopted the staff *in loco parentis*. He argued that visits were only for the over-anxious mother – children did not need them. Being sentimental about this was not a good enough argument. Not surprisingly, Bowlby responded to it in a letter saying that visiting was essential, especially for young children, and that lack of visiting might lead to delinquency. Harry Edelston supported Bowlby.

HARRY BAKWIN

The Loneliness of infants

In 1942 Harry Bakwin became concerned about the number of babies in Bellevue Hospital in New York who died without there being any proper diagnosis. His paper 'Loneliness in Infants' [reference 19, above] showed that babies need continuous contact with people without which they die very easily. There were plans to put a quarter of a million little children in war nurseries while the mothers were working in factories, but the editors of the BMJ reported what Bakwin had found - that the loneliness involved in separation from home may be not only undesirable but lethal. Bakwin described how hospitalized young children sleep less, are more subject to infections of the respiratory tract, have a marked dulling of reactivity to emotional stimuli, are listless and apathetic, have lower resistance and suffer delayed development – these signs and symptoms disappear on going home²¹. Donald Winnicott responded to this editorial by saying it was the most important thing they had published over a long period. He pointed out that no advance in knowledge is more significant today than the recognition of the strength of the relationship between mother and infant, even newly born, and that we cannot take mothers from infants without seriously increasing the psychological burdens which the next generation will have to bear²². In a letter to the British Medical Journal, H C Scott, citing Bakwin, wrote to express severe doubts about the design and equipment of a new children's hospital in Birmingham, calling it a "brave new world of deprivation".²³

²⁰ It is not clear why cross-infection was such an issue since no fever hospitals ever allowed visiting - mothers delivered their children and were asked to pick them up six weeks later. The only way the mother could find out how the child was, was through the porter. Sometimes they were allowed to peep at their children through a glass window when they were asleep.

²¹ 'Dr Bakwin quotes a hospital case in which a child went steadily downhill until, "so weak that it seemed he might stop breathing at any minute," he returned the child to his mother, with the result of rapid and complete recovery' *Loneliness in Infancy*, BMJ Sept 19 1942, p 345
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2164154/pdf/brmedj04008-0017.pdf>

²² Winnicott DW (1942) 'Loneliness in Infancy' [letter] BMJ, Oct 17, p.465
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2164306/pdf/brmedj04012-0023d.pdf>

Apart from Edelston's work there was still no indication either from the general public – nor indeed from staff in the children's wards – that mothers needed to stay in hospital with their children. But a further incident, reported in a letter written to the Editor of *The Lancet* in 1945, was significant. A small boy coming back from the United States became ill and was admitted to hospital. His mother wanted to stay with him but this was not allowed. She left, still protesting, but came in the next morning and heard from her son that he had had his teddy bear taken away from him, and that the nurse had threatened to smack him if he asked for his mother again. She did protest about this and gave her name – Lady Bertrand Russell – whereupon everybody was very polite to her, and gave her what she wanted. (Later on they suggested that she was a socialist.) She felt it was inhuman that when a child is admitted to hospital a member of the family is not allowed to stay with them.

Another letter on this theme in *The Lancet* was from a surgeon in Brighton, L. A. Parry who complained in 1947 about the urgent need for reform of visiting times for children. In 1947 Campbell et al started unrestricted visiting in Melbourne and found it very satisfactory. But their paper reporting it was not published until 1955²⁴.

THE CURTIS COMMITTEE

A defining moment in the history of childcare, that led to the 1948 Children Act

At the end of the war there were a large number of children who had no families – they had either died or disappeared. Their care was rather chaotic. Following the death of a child at the hands of his foster parents, a committee under Myra Curtis was set up in 1946 to examine the institutional and foster care of children²⁵. James Spence was a member of this committee. Susan Isaacs, John Bowlby, Donald Winnicott and Clare Britten all gave evidence to the Committee about what they had learnt of children being without their parents during the war. The poor care of children without families was noted. Better ways of looking after

²³ Scott HC (1944) 'Babies in a Glass Cage' *BMJ* Feb 19, p.266 "Certainly submitting our frailest patients to such a fantastically severe regime should not be accepted without question as a self-evident triumph of science. It represents a failure on our part to find anything better than a barely humane and questionable remedy."

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2283593/pdf/brmedj03926-0024d.pdf>

²⁴ Ievers M, Campbell K, Blanch M. (1955) Unrestricted visiting in a children's ward; eight years' experience. *Lancet*. Nov 5;269(6897):971-3.

²⁵ Lynch G (2021) *Providing for Children... Deprived of a Normal Home Life': The Curtis Report and the Post-war Policy Landscape of Children's Out-of-Home*

https://link.springer.com/chapter/10.1007/978-3-030-69728-0_4

them was discussed and each county made responsible for the care for such children in their area, with its own children's department and officers to look after them.

Although there may have been more awareness of children and their needs, and maybe even enjoyment of them, it did not lead to any improvement in hospital visiting hours. Many reasons were given why hospital visits should be restricted, making a case that had prevailed since the opening of the Hospital for Sick Children in Great Ormond Street such as cross-infection, disrupted ward routines, difficult mothers, mothers having home commitments which they saw as being more important, and the fact that not all mothers asked for additional visiting times.

By this time a tradition had built up amongst nurses that they were rather better at looking after the children than the mothers were. Before the NHS, most children were from poor families who were unable to keep their children as well fed, clean and warm as could the nurses. Following the Boer Doctors.net.uk War and the First World War, there was a huge surplus of women who were unable to find husbands and have children and had instead gone into children's nursing. Although they had wanted to care for children, they had no experience of their day to day lives so were not aware of the extreme distress, especially in the youngest, when taken away from their normal carers. Although the children made a great fuss when they came in, after a while they "settled". [It is generally women, both at home and on the ward, who decide on the social arrangements, therefore it is the nurses who decide who comes into the ward.]

Hunt summarises it in his view, "The hospitalized child was considered essentially a biological unit, far better off without his parents who, on weekly or bi-weekly visiting hours, were fundamentally toxic in their effect, causing noise, generally disorderly conduct, and rejection by hospital personnel"²⁶ As a young doctor I did not see them like this.

THE NATIONAL HEALTH SERVICE

British Socialism

The NHS was created in 1948. This had several effects. Over the next few years, paediatricians were appointed in each health district and children's wards were opened in the local hospitals. These were for the first time free, and so gradually used by everybody, including the middle classes. Consultants were now paid for by the NHS. In addition, because of the improvements in medical care there was over time an increase in the need for children to be admitted to hospital. As the Platt Report (below) later stated, when most hospitals were built their purpose was mainly in serving the sick who came from a

²⁶ Hunt AD (1974) 'On the Hospitalization of Children: An Historical Approach' *Pediatrics* 54, p.542

background of poverty, bad housing, or malnutrition, while children of better-off families were nursed at home or in private nursing homes. With the coming of the NHS these soon closed. Middle class parents who before the war would have paid for someone to look after their children now cared for them themselves and so knew much more intimately of their upset if they were ill and separated from them in hospital. Parents could now make adverse comments about the hospital care of their children, including about visiting times. To begin with this had very little effect on hospital visiting. For instance, in 1948 the annual conference of the National Federation of Women's Institutes with its half a million members passed a motion deploring visiting restrictions and called upon hospital management committees to make the necessary changes²⁷. Not that the staff in the children's wards knew about this or took any notice of it, but it was an indication of increasing pressure from outside. In 1949, according to a survey of London hospitals by Munro-Davies, the majority allowed visiting at best for one or two hours a week, and *two hospitals had no visiting at all for children under three*²⁸. The Ministry of Health issued the first of three requests for increased visiting hours in 1949; further requests were made in 1953 and 1956.

The 1949 meeting at the Royal Society of Medicine between paediatricians and psychiatrists at which Anna Freud had spoken showed up the large gaps between their views of what children needed. The paediatrician is concerned with the child's illness and the child psychiatrist is concerned with the emotional distress of the child being away from its family. The *Lancet* reported Miss Freud's contribution: "the problem is most acute in the very young child staying a long time in hospital", and she described his emotional experiences at length, beginning at the point where damage first occurs - on admission. "To the distress of the illness is added the distress of separation from home, and the child is quite defenceless. He submits with his body, but retreats with his mind; if this retreat is unchecked, his mental unfolding is temporarily arrested. He adapts easily through bodily surrender, and his memory is in any case short: he has not had time to forge a link with home which can withstand long strain. He lives from day to day, he depends on the evidence of his sense, and his understanding of the situation is fragmentary at best. A loving mother who remains absent is a figure whom he is incapable of conceiving; his own love demands the nearness of the beloved person, and if she withholds herself she lacks the only proof of love he knows and can understand. His outward calm hides dejection and a feeling of having been abandoned by those he most cares about; he becomes inwardly apathetic, though capable of interest and animation on the surface. His roots in home are dying for lack of

²⁷ Hendrick H (1997) *Children, Childhood and English Society, 1880-1990*, Cambridge, pp 214-225

²⁸ Munro-Davies HG (1949) 'Visits to Children in Hospital', *Spectator*, 18 March

nourishment and he is learning to do without them at the expense of his normal emotional life and development”²⁹.

There was little understanding between paediatrics and child psychiatry.

In July 1949, Maclennan, a psychologist, wrote of the need for change in the arrangements of children in long-stay hospitals, but is concerned more with discipline on the ward, rather than the emotional distress of children in hospital away from home and family³⁰

CECILY AND HENRY PICKERILL

The Pickerills were plastic surgeons whose child patients healed happily because their mothers stayed with them in hospital

The Pickerills also had mothers in hospital between the wars; they did not have to pick and choose - all mothers were admitted. They were plastic surgeons in New Zealand mainly operating on congenital deformities in babies such as hare lip and cleft palate. They were concerned about cross-infection in the general ward which sometimes led to fatal results. Initially, they sent the children home, as Nicholl had done, but children still got infected. Later, their paper described how they had succeeded in eliminating cross-infection. *They did this by giving each mother and infant their own room, bringing in the mother to nurse the child*³¹. The Pickerills bought a house and made a number of small rooms where the mothers were supervised by doctors and nurses who were also concerned for the wellbeing of the mother. Three years later, there had been no cross-infection, and apparently the babies were very happy which no doubt contributed to them healing so well. Many years later, in response to a paper by MacCarthy, Lindsay and Morris³², Michael Oldfield of Leeds wrote to *The Lancet* that he had been doing it for 25 years and described how well it had worked³³.

There was very little visiting in children’s wards. One of the reasons given was that mothers would bring in infection. But, in fact, a major review of the records of children admitted to

²⁹ *The Lancet*, Children in Hospital, May 7, 1949 p.785
<https://www.sciencedirect.com/science/article/abs/pii/S0140673649922242>

³⁰ Maclennan BW (1949) ‘Non Medical care of Chronically Ill Children in Hospital’, *The Lancet*, July 30, p.209

³¹ Pickerill CM & Pickerill HP (1954) Elimination of Hospital Cross-Infection in Children - Nursing by the Mother’ *Lancet*.266(6809):425-9

³² MacCarthy D, Lindsay M, Morris I (1962) Children in hospital with mothers. *Lancet*.1(7230):603-8.

³³ Oldfield MC (1962) Children in Hospital with Mothers [Letter] *The Lancet*, April 21, p.857

26 wards, in 14 hospitals, over an 11-month period showed no correlation between rates of cross infection and visiting³⁴.

NORMAN JACOBY

A lone pioneer

In 1949 Norman Jacoby, a paediatrician in Pembury Hospital, started having unrestricted visiting and some mothers staying overnight, originally to prevent cross-infection; but he found it was so satisfactory that he continued with it. However he kept this to himself and never made it public until 1955. At dinner parties he heard from the mothers whose children had been in hospital how extraordinarily distressed and difficult they were when they came home. Jacoby was probably the first person in the UK to have mothers staying in hospital, but he could not talk or write about it because it was not official policy. (Feeding the mothers was quite tricky; they had to be hidden in cupboards when the matron came round). Jacoby's first public mention of having mothers in hospital was his letter in the *Lancet* six years later³⁵.

In the late 1930s, Harry Edelston (above, p 12) had documented the trauma of children who had been in hospital. It would take another thirty years for people living outside the children's ward and those living within the children's ward to come to agreement. By 1949, John Bowlby and James Robertson had been working together at the Tavistock Clinic for a year. Without Bowlby and the facilities that he provided for Robertson it would have taken much longer for an understanding of the child's need for its mother when ill in hospital to be recognised.

JOHN BOWLBY

Documented the long-term effects of parental separation, from which grew Attachment Theory

Born into the upper middle-class world of Manchester Square, John Bowlby (1907-1990) was brought up in the nursery, and lost his own particular nanny, Minnie, when he was aged four, "distressing, not damaging" he said. This was not damaging, indeed, because the head nanny had cared for him for his first two years and she continued in the nursery to care for him throughout his childhood. Because of the zeppelins, he went to boarding school at 11

³⁴ Watkins AG & Lewis-Fanning E (1949) 'Incidence of Cross-Infection in Children's Wards', *BMJ*, 17 September, p. 616 – 619

³⁵ Jacoby NM (1969) Unrestricted visiting in a children's ward. The first twenty years. *Lancet* 2(7620) 13 Sep, pp584-586

which he hated, and then at 13 to the Royal Naval College at Dartmouth, which he loved. (Afterwards he was never without a boat). These experiences contributed to his interest in separation.

The Navy, having lost much in the 'War To End All Wars' was downsizing, and was only too pleased to accept his father, Sir Anthony Bowlby, buying out John's commission. He followed his father and went up to Trinity College, Cambridge to read natural sciences. Quite different from Anthony's experience a generation earlier, Cambridge was awash with psychoanalysis. "We are all psychoanalysts now," said the Spectator. Even Bowlby's tutors were interested³⁶.

His father, who had been a surgeon to the Royal Household would have been appalled by his son's interest in psychoanalysis, but he died in 1929. Bowlby got first-class honours in his pre-clinical Tripos. This enabled him to have a small scholarship, to stay on another year, and to read philosophy and psychology. The latter was a disappointment because it did not include developmental psychology. Trying to find out more about this, he eventually went to work in a school for maladjusted children in Norfolk. Priory Gate was run on lines derived from Freud and recent advances in education, and provided him with what he wanted. Bowlby said it was, "the most valuable six months of my life"³⁷.

He also met John Alford, another member of staff at the school one of the most important influences in his career. Alford had been badly traumatised in the First World War but had received treatment. To Bowlby, he was the only man who knew more about what he wanted to know than anyone else he had met. Alford became a mentor and encouraged him to continue his medical education and to take up a training analysis. He started both of these when he was 22. He qualified at University College Hospital, and took a psychiatric training post at the Maudsley Hospital which, as a result of the work he did there, gave him an M.D. in 1939.³⁸

³⁶ "John's physiology tutor at Cambridge was Edgar (later Lord) Adrian who, while himself a medical student before the First World War, had been impressed by Sigmund Freud's writings. John decided to give up medicine for psychology" Kraemer S (2021) Dr Bowlby: a psychiatrist for our times, *Attachment New Directions in Psychotherapy and Relational Psychoanalysis*, 15; 21–35. <http://www.sebastiankraemer.com/docs/Kraemer%20Dr%20Bowlby%20a%20psychiatrist%20for%20Our%20times.pdf>

³⁷ Senn M (1977). John Bowlby interview with Milton Senn, MD. *Beyond the Couch: The Online Journal of the American Association for Psychoanalysis in Clinical Social Work*, Issue 2, December 2007 <https://www.cairn-int.info/journal-devenir-2020-0-page-l4.htm>

³⁸ Bowlby J (1940) *Personality and Mental Illness*, International Library of Psychology, Routledge

In his training analysis with Joan Riviere he did not always agree with her. He questioned everything, which she found quite difficult, and it took seven years. He was supervised on one of his child patients by Melanie Klein herself. From 1936 onwards Bowlby worked as a child psychiatrist in the London Child Guidance Clinic in Canonbury³⁹. There he had referred to him a number of children, some of whom were stealing. These patients had had many adversities but, statistically speaking, the one experience they had all shared was at least six months separation from their mothers before they were five. His paper reporting this series established for the first time the impact of maternal separation on child behaviour and emotional disorders. Bowlby's innovation was to describe actual events in these children's lives. By focussing on separation as a key variable he could record something measurable. This was different, and possibly more important, than what the patients had told their analysts during their sessions.

This material - later published as 'The Influence of Early Environment in the Development of Neurosis and Neurotic Character'⁴⁰ - was given to the British Psychoanalytical Society in June 1939. Its emphasis on the importance of the direct study of the early environment was completely new to the Society. Its acceptance enabled him to become a voting member of the Society. A later version became Bowlby's most early famous scientific study '44 Juvenile Thieves'.⁴¹

There was a lot of research going on about the emotional needs of children, but nobody in the hospitals knew about it; at the time, there was more concern about evacuation. War was coming and towns would be bombed. Plans were therefore made for the evacuation of children. Various general practitioners, concerned about the prospect of this evacuation, warned in the British Medical Journal and The Lancet in 1939, of the social and emotional problems that would arise. Bowlby, Donald Winnicott and Emmanuel Miller also wrote to the BMJ: "It is quite possible for a child of any age to feel sad or upset at having to leave home, but the point that we wish to make is that such an experience in the case of a little child can mean far more than the actual experience of sadness. It can in fact amount to an emotional "black-out" and can easily lead to a severe disturbance of the development of the personality which may persist throughout life. ... Schemes for evacuation are being thought out, and before they are completed, we wish to draw attention to these

³⁹ Later called the Child Guidance Training Centre; see Juliet Hopkins, 'The Child Guidance Training Centre 1929-1984', chapter in *The Tavistock Century: 2020 Vision*, (Eds) M. Waddell & S. Kraemer, Phoenix Publishers, 2021.

⁴⁰ Bowlby J (1940) The influence of early environment in the development of neurosis and neurotic character. *The International Journal of Psychoanalysis* 21:154-178.

⁴¹ Bowlby J (1944). Forty-Four Juvenile Thieves: Their Characters and Home-Life. *International Journal of Psycho-Analysis*, 25:19-53

problems”⁴² The evacuation certainly saved many lives. Unfortunately, those in charge of the evacuation plans were not sufficiently aware of the strength of family ties. Donald Winnicott and his wife Claire, along with Susan Isaacs, and possibly Bowlby himself, contributed to the care of some of these children, but still much emotional damage was done.

Had the war not intervened Bowlby might have continued this work uninterrupted but soon he joined the Royal Army Medical Corps and came into contact with some of the major figures of the post war Tavistock Clinic and Tavistock Institute, Eric Trist, John Rickman, Wilfred Bion, Jock Sutherland and Isobel Menzies who were working on new group methods of officer selection for the army⁴³. Bowlby cites Eric Trist in particular as a brilliant mind that inspired him.

After the war, his stature was such that he was not only made Deputy Director of the newly organized Tavistock Clinic - which became a foundation member of the NHS - but also given directorship of the children’s department, in which he decided to include a dedicated unit to study the effect of separation. Having done his retrospective study of the consequences of maternal separation³² he wanted to do a prospective study to observe and understand the child’s experience of separation from parents. He needed what he called a field worker and was fortunate to find James Robertson who had worked with Anna Freud at the Hampstead Nurseries during the War.

Bowlby’s most famous work is *Child Care and the Growth of Love*, based on his 1951 report for the World Health Organisation *Maternal Care and Mental Health*. Now over 70 years old his conclusion has hardly dated:

“What is believed to be essential for mental health is that an infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother- substitute – one person who steadily ‘mothers’ him) in which both find satisfaction and enjoyment. It is this complex, rich and rewarding relationship with the mother in early years, varied in countless ways with the father and with the brothers and sisters, that child psychiatrists and many others now believe to underlie the development of character and of mental health.”⁴⁴

⁴² Bowlby J, Miller E, & Winnicott DW (1939). Evacuation of small children [letter]. *British Medical Journal* (December 16), 1202-3. <https://www.bmj.com/content/2/4119/1202.3>.

⁴³ Kraemer S (2015) Anxiety at the front line, in (eds) D. Armstrong & M. Rustin, *Social Defences against Anxiety: Explorations in a Paradigm*, London: Karnac
<http://www.sebastiankraemer.com/docs/Kraemer%20anxietyatthefrontline.pdf>

⁴⁴ Bowlby J (1953) *Child Care and the Growth of Love*. Harmondsworth: Penguin Books, p 13

JAMES ROBERTSON

His early experience of child observation in Miss Freud's nurseries

James Robertson (1911-1988), was the eldest of six children and brought up in the tenements of Glasgow where his father worked on the assembly line of a local factory. Leaving school at 14, his father advised him to work in a job in which he did not have to take his jacket off, so he went to the administrative side of his father's factory. He worked hard, attended WEA (Workers Educational Association) lectures, became a Quaker and lost the sight in one eye. He went to the WEA College in Birmingham, and there, at the beginning of the war, met his future wife, Joyce Usher. In 1940 James, who as a Quaker was a conscientious objector, went to London to help during the devastation and chaos of the blitz. Joyce joined him in January 1941, when they heard of "a woman in Hampstead" who provided accommodation for bombed out mothers and children. This woman, of course, was Anna Freud. Joyce went to work for Miss Freud as a student looking after babies. While courting Joyce, James met Miss Freud and she appointed him as boilerman, fire watcher and gardener. Gradually, he worked more in the house and, by the end of the war he had become the social worker to the nursery, talking to the parents.

As a member of staff, Robertson had to make observations and write them down on cards provided and put them into boxes which were collected each evening by Anna Freud. On these she led discussions with the staff about the children. He later wrote, "Whatever Anna Freud taught us she could illustrate from the children in our care. It was teaching which held us enthralled, as we experienced attributes of Anna Freud which are often spoken of – the simplicity and clarity, the beauty of her use of English, the absolute control over her material".⁴⁵ James and Joyce Robertson got married in 1941 and had a baby. Aged twelve months, the baby became ill and needed to go to Great Ormond Street Hospital for a week. This was a very difficult time for Joyce and her baby, because Joyce was not allowed to visit her or work in the ward.

After the War, Robertson won a scholarship to the London School of Economics, qualifying as a psychiatric social worker and then started a training analysis to become a psychoanalyst. It was at this stage that Bowlby was looking for a field worker for his prospective study of children and how they behaved at the time of separation from their mothers and afterwards. His choice of Robertson was, in part, a recommendation of one of the workers at the Hampstead Nurseries. His experience at the Hampstead War Nurseries made him an ideal choice. Robertson remained working in Bowlby's Department until he retired in 1976. Robertson observed children in both short stay and long stay hospitals.

⁴⁵ Robertson J (1983) Memorial tribute, *Bulletin of the Hampstead Clinic* 6;18-22, cited by Nick Midgley in *Reading Anna Freud*, London: Routledge 2013, p 12

ROBERTSON WORKING IN BOWLBY'S DEPARTMENT

In 1948 Robertson was appointed to Bowlby's department at the Tavistock Clinic. Bowlby wanted him to observe children separated from their parents. They discussed where such children could be found; for instance cases where mother had to leave home - but these were found to be unsuitable because they were so few and far between - so eventually they decided that children's wards in local hospitals were places where there was easy access to young children who had been separated from their mothers. *Neither Robertson nor Bowlby were aware that, even though they seldom saw their parents, young children in hospital presented any particular problem.*

Visiting a paediatric ward, Robertson was greeted by the consultant and ward sister and told that this was "a happy children's ward". He noticed everything appeared orderly and under control, but soon saw that this was not the case. The older children could manage, but those under five, and particularly those under three, could not. These younger ones sat in their cot desolate and deeply silent. As Robertson said, "They did not understand why the parents who had cared for them were not there; their needs were immediate, and they had no time sense to help them understand that their parents would come tomorrow or the next day. They were overwhelmed".⁴⁶ If a nurse stopped by one of these children they would start to cry; the nurse would then be rebuked for 'making him cry' when she was merely discovering his distress. The nurses, of course, were working on a job-assignment basis which meant the children had numerous carers looking after them⁴⁷. He also saw that the nurses and doctors did not see the distress of the children. Robertson realized that dealing with this was going to be his work for many years to come.

Robertson made detailed descriptions of how the children behaved with their mother, when they were separated, then on in the ward. He also followed up children after they went home.

Bowlby and Robertson between them described three stages through which young children pass. The first is *protest*, where the child cries, rocks in the cot and looks for any sign of their parents returning, the second is *despair*, where the child will sit in the cot with occasional

⁴⁶ Robertson, James & Joyce (1989) *Separation and the Very Young*, London: Free Association Books p 11

⁴⁷ A pattern of looking after that both ignores attachment needs and undermines the ordinary caring capacity of nurses, identified in great detail by Isabel Menzies in her now famous study of nursing on an adult ward: Menzies, I. (1960). The functioning of social systems as a defence against anxiety: a report on a study of the nursing service of a general hospital. *Human Relations* 13: 95--121, reprinted in Menzies Lyth, I. (1988). *Containing Anxiety in Institutions*, Vol 1. London: Free Association Books pp 43-114

sobs, not making any demand on the environment at all. But there is only a certain amount of such pain a child can stand, and, in the third stage - *denial/detachment* - the child gradually becomes increasingly detached from his or her parents and, in the long stay hospitals, this becomes apparent cheerfulness and, when they visit, no concern for the parents at all.

Following up the children under five, he found that all of them, although sometimes they may have seemed settled in hospital, were on their return home nearly all disturbed and distressed, displaying sleep problems, fear of a parent leaving, anger with the mother, and loss of bladder and bowel control. These symptoms could be short-lived but for many children they lasted for some time, even enduring into adulthood and shown by varying degrees of anxiety. [Anecdotally, I knew of three people whose younger siblings were permanently changed after a stay in hospital of three or four weeks].

Going around various children's wards in London teaching hospitals, Robertson found the same situation - staff inattention to distress in young patients because it was thought unimportant. He also went to Harefield, a long stay hospital, where children would be admitted for up to three or four years with, for example, TB or rheumatic fever. These hospitals no longer exist, but they did cause many problems in the past. The children, with so many people looking after them, had lost the wish or the art of relating to other people. They arrived home finding it difficult to accept affection, but jealous of other children who got it. This rather self-centred attitude was difficult for them to change. (Interestingly, the long stay hospitals were not touched upon in the Platt report, p36 below). Robertson also reported on the fever hospitals where there was usually no visiting at all; the child would be brought in and mother was told to collect it in six weeks time. Any enquiries should be made to the porter.

With detailed descriptions based on observation, Robertson noted how each child behaved at the loss of their mother at different ages and stages of development, and how their behaviour changed during their time in hospital and after returning home. Sadly, the records of each child observation have been lost. This research had never been done before and has never been replicated since.

Bowlby used Robertson's findings of the children separated in the wards for his own work, whilst Robertson used them to try and convince people that these young children needed more visiting and more time with their mother than was presently being given to them.

Robertson tried to explain his anxieties to the medical and nursing staff about the young children but nobody could understand the problem - even his own department at the Tavistock were not particularly interested. Bowlby and Robertson formed an advisory committee but nothing came of it except the paediatrician Alan Moncrieff's invitation to

Robertson to the British Paediatric Association (BPA) meeting in 1951. However, as a result of this committee Moncrieff wrote a paper recommending that mothers visit daily between 5 and 6 p.m. to look after the child as they would at home during the hour before bedtime.⁴⁸ Moncrieff believed that the distress was transitory and there were no after-effects. (Possibly the doctors never asked the parents about their children's reactions to hospital admission).

A TWO-YEAR-OLD GOES TO HOSPITAL

A revolutionary scientific document

Robertson has written about two meetings with Spence (see p 8 above) - one at the British Paediatric Association when Spence ridiculed his description of the emotional distress of children, and the other in Newcastle when Spence explained that children only needed to see the mother for half an hour every week. It was on the way back from Newcastle that Robertson remembered that film could sometimes pierce the defences in ways that talking cannot. He therefore decided that if Spence, of all people, could not understand the emotional needs of small children then he would have to make a film.

He went to Bowlby who was enthusiastic about the idea (Bowlby himself was an excellent photographer), and they discussed how it should be managed. Tom Main from the Cassel Hospital got money for a Bell and Howell 16mm movie camera, along with eighty minutes of film. A child to be observed was chosen by sticking a pin into the surgical waiting list at the Central Middlesex Hospital. When Robertson met Laura, aged two years eight months, he saw that she was not a typical child, being much more self-contained than usual; but he could not change her for another, otherwise he would be accused of choosing his child to make his case. In fact, what resulted was a picture of a very unhappy little girl who contained her feelings remarkably. When Robertson and Bowlby saw the film, 'A Two-Year-Old Goes to Hospital'⁴⁹ at Robertson's home, they nearly decided to give up, because she was not crying. Fortunately, Joyce Robertson was there - she knew how extraordinarily irritating children crying can be, even when they have good reason, and that this film was much more poignant precisely because she was not crying.

The film was screened in November 1952 at a specially convened meeting of the Paediatric Section of the Royal Society of Medicine. All children's physicians, surgeons and ward sisters were invited. The film was introduced by Bowlby who, describing it as part of the research

⁴⁸Moncrieff A & Walton A (1952) Visiting children in hospital *Br Med J.* 1(4748): 43–44.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2022238/?page=1>

⁴⁹ Robertson J (1952) *A Two-Year Old goes to Hospital* <https://vimeo.com/ondemand/atyoggh>

of the Tavistock Clinic, said that it was about a two-year-old child fretting in hospital. This, he said, was something worthy of scientific study because it often gave rise to emotional disturbance later. Robertson described his work of observing children in hospital and how he and the staff could not always agree on what was actually happening to a particular child. He hoped that this film would make it clearer. After the film, Winnicott, the President of the Paediatric Section, welcomed the film - "Here, as I see it, was a normal child. She came into hospital and gradually became affected as a normal child must. She was fortunately spared that phase of false recovery to which the child reaches if the break from the home lasts too long, and which may make the child cling to the nurse in fear when at last the mother or father comes to take the child home... from long experience I could say that this film was definitely about a real problem. The effect of separation of small children from their mothers was so often serious, even producing irreversible changes, that every time when a child is to be taken into hospital there ought to be a careful weighing up of the value on the physical side against the danger on the psychiatric side. The principle is not vitiated by the undoubted fact that in certain circumstances certain children (not young ones) derive benefit and even enrichment from a stay in hospital - perhaps because of the relief that this affords on account of a parent's anxiety state or depression mood".⁵⁰

The reception of the film was hostile; the *Lancet* and *BMJ* reports toned down the anger of the audience, but Robertson remembers the absolute rage that engulfed him as he stood on the platform. They were angry and distressed by being told that children in their wards were not as happy as they thought they were. The audience wanted the film stopped. Later, Bowlby decided that the film should only be shown to doctors, nurses and students as it was too controversial to be shown in public at the moment - he did not want the public and the medical staff to be in a conflict that would be damaging and unhelpful to both; each had to learn more about the other.

in Europe, as in the UK, Robertson showed the film to professional audiences. Visiting Denmark, France, Germany, Holland, Norway and Yugoslavia he met with much the same resistance, especially from the more senior doctors.

The paediatrician Ronald MacKeith was sympathetic to the idea that children should see more of their mothers, but Dermot MacCarthy was the only paediatrician at the meeting to change his practice of parental visiting after seeing the film, a decision made only after discussion with his ward sister, Ivy Morris, who had also seen it.

⁵⁰Bowlby J & Robertson J (1953) A Two-Year-Old Goes to Hospital *Proc R Soc Med.* 46(6): 425–427, (pp 426-7- text changed from third to first person)

DERMOD MACCARTHY

The unsung hero of this saga

Dermod MacCarthy (1911 - 1986) was the only person whose practice was immediately changed by having seen Robertson's film. He decided to invite all mothers of children under five, or other vulnerable children, to come into hospital to look after them.

MacCarthy was brought up in the questioning world of the Bloomsbury Group. His father was literary editor of the Sunday Times and knew all the authors of the day. He was said to be a wonderful conversationalist. His mother wrote a delightful book, 'A Nineteenth Century Childhood'⁵¹ about herself when young. Two pictures in this book are painted by Dermod. Dermod qualified in medicine from St Bartholomew's Hospital ('Barts') in 1934 and went as a ship's doctor to the Far East before settling down at Great Ormond Street to do paediatrics in 1939. There he was junior doctor to Wilfrid Sheldon and helped him with part of the evacuation of children to Hemel Hempstead because of the Blitz. After three further years in the Navy he came back to Great Ormond Street before being appointed consultant in Aylesbury, Amersham and High Wycombe hospitals in 1950.

MacCarthy was the paediatrician at Margaret Lowenfeld's clinic⁵² and one of the group of paediatricians who met monthly to discuss the emotional problems of their patients with Anna Freud at her house in Hampstead from 1956 until her death in 1982. He became President of the Paediatric Section of the Royal Society of Medicine, and, after representing the UK at the European Society of Paediatric Research (ESPR) became its President in 1975. He was the first person who ever had mothers with children under five, or vulnerable children, coming into the ward *specifically to avoid the damage of separation* and to help care for their children. His first mention of this was in a letter to The Lancet in 1955⁵³, but his main paper about it was not until 1962.^{54,55}

Amongst his other interests was failure to thrive in infants about which he wrote a chapter in the monumental text *Scientific Foundations of Paediatrics* edited by John Davis and John

⁵¹ MacCarthy M (1924) *A Nineteenth-Century Childhood*. Heinemann

⁵² Dr Margaret Lowenfeld (1890-1973) <https://lowenfeld.org/about-lowenfeld/>

⁵³ MacCarthy D, Lindsay M, Morris I, Jacoby NM (1955) Unrestricted visiting in a children's ward. *Lancet* 266 (6900):1141-1142
<https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2855%2992987-1/fulltext>

⁵⁴ MacCarthy D, Lindsay M, Morris I. (1962) Children in hospital with mothers. *Lancet* 1:603-8.

⁵⁵ Despite MacCarthy's specific focus on the needs of under-fives in hospitals, Spence and the Pickerills are better known for admitting parents alongside their sick children.

Dobbing⁵⁶. In 1982, the British Paediatric Association awarded him the James Spence medal, the highest honour for British paediatricians; “he has been a pioneer in the development of facilities for children in hospital that encourage family contact and which put the child's needs paramount.⁵⁷ His book ‘Sailing with Mr Belloc’⁵⁸ is excellent reading.

MacCarthy felt strongly that if you were going to have anything to do with children, you ought to remember your own childhood. After lecturing on the subject at the Oxford Medical School, he wrote a paper, ‘Remembering Your Childhood’.⁵⁹ He was constantly trying to ensure that the children in hospital were happy, and, having seen the film *A Two-Year-Old Goes to Hospital*, he now knew what to look for.

It was in the car after the film was shown at the Royal Society of Medicine, that MacCarthy spoke crossly about ‘Robertson’ who had said such untrue things about children in hospital. Sister Morris, his ward sister at Amersham, who had accompanied him to the RSM, said, “Mr Robertson was right, these young children do need their mothers with them, and when you are not in the ward, I often have the mothers coming in to be with their young children”. Although surprised, MacCarthy listened. Next day, when he did his ward round, he saw Laura and her brothers and sisters who were unhappy, just as the film had shown.

As it happened, the Amersham ward had cubicles that could take a bed beside the cot. MacCarthy had always been quite relaxed about visiting, allowing the occasional mother to stay overnight, and in January 1953 he decided – feeling his way with one mother at a time – to invite all the mothers of children under five to come into hospital with them. He did not pick and choose between them, but accepted all the mothers, realising that it was essential for all young children. Older children who needed their mother were also able to stay. In the paper he, I and sister Morris later wrote in 1962 about mothers in hospital we described how each mother did what she felt she could do, and sometimes learnt how to do a bit more⁴³. The mothers could see what was going on, and were visible to staff and other patients. In preparation for their children’s return home they were shown how to record temperatures and to administer medicines. There was a wonderful, relaxed feeling in the ward. One Christmas it was full of fathers setting up train sets. The mothers sometimes needed some care themselves and in one thousand admissions only one mother walked out.

⁵⁶ MacCarthy D (1981) The effects of emotional disturbance and deprivation on somatic growth. In: (Eds.) J. Davis & J. Dobbing, *Scientific Foundations of Paediatrics (2nd Edition)* London: Heinemann

⁵⁷ ‘James Spence Medallist, 1982 Dermot MacCarthy’ *Archives of Disease in Childhood*, 1982, 57, 565-566

⁵⁸ MacCarthy D (1986) *Sailing with Mr Belloc*. London: Harvill Press.

⁵⁹ MacCarthy D (1954) Remembering your childhood, *The Lancet* 267:595–7

Describing what was happening at that time at Amersham, MacCarthy wrote in the *Lancet*, “We have been admitting mothers of the fretful age into our cubicles, where we have just room for an adult bed beside the cot. The mother is by her infant or child day and night. There are no amenities specially designed for mothers. Their meals are brought to them by nurses or orderlies as if for a patient. They are not, at first, asked to do anything but stay with their child. They are not prisoners in their cubicles but they seldom, in fact, want to stay away for more than a brief rest. These mothers see the whole treatment of their child and take part in it as far as possible, helping in many small useful ways”.⁶⁰ MacCarthy refers to the “great benefits all round” and noted that there were “things which apply specially to the smaller children. When treatment is complex or disturbing, nursing may sometimes be more difficult owing to the clinging attitude of the child to the mother. We have not yet had enough experience to make any generalisations about this except to say that we think it does not matter; whereas when the child has to endure these things alone and cannot cling to anyone, harm may be done”. One of my jobs as the registrar was to talk with the mothers after the ward round and explain what the consultant had said.

Robertson recognized the value of MacCarthy’s approach; he later said, “Unlike Spence, he did not pick and choose between them on grounds that some were more suitable than others; family doctors in the community could tell the mother of any young child they were sending to hospital that she could stay with him. In the opinion of Dr MacCarthy and his like-minded colleagues, the young patient needed his mother; no matter what the staff’s view of her might be, their task was to get on with healing the illness and to keep mother and child together. When brought fully into their children’s care, most mothers were as competent and sensible in the ward as they were at home. The occasional one who was feckless or fearful got more nursing support, there was no question of excluding her. The anxiety about mothers who fed sweets and cakes to their children had been dispelled; mothers whose affection and concern were not obstructed by restrictions had less need to bring sweet things. There was no increase in infection. Student nurses were a greater source of infection than were mothers to their own children... Accommodation was not restricted to the age-group (under fives). The mother who felt an older child needed her to stay could do so; sometimes there was special need because the child was fearful after having been alone in hospital when younger. And as the presence of mother (or father) was not an amenity but essential for the contentment of their children, there was no charge for accommodation or meals. Parents became valued members of the care-giving team”.⁶¹

⁶⁰ MacCarthy D, Lindsay M, Morris I, Jacoby NM (1955) Unrestricted visiting in a children’s ward. *Lancet* 266 (6900):1141-1142
<https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2855%2992987-1/fulltext>

⁶¹ Robertson, James & Joyce (1989) *Separation and the Very Young*. London: Free Association Books, p54

It was the ward sister in Amersham, Ivy Morris, that really saw the importance of the mothers. Her work attracted national press coverage. She and MacCarthy were also on television in 1961 (see below, p 39). Though they only started admitting a few parents at a time, by the time I arrived in 1954, there were always some mothers staying. This was due to the fact that Sister Morris really wanted them. In his ward at his other hospital, the ward sister was less enthusiastic, and even when she asked the mothers if they would like to stay, somehow there were fewer of them; this may be because the catchment area was much larger. From this, it became rather clear that it was the ward sister who decided on these matters rather than the consultant. [When we first started going into the wards we were told always to do what sister said - I did sometimes wonder if this ever stopped].

MacCarthy was able to admit all the mothers and there is no doubt that, as Spence (who did not) said, mothers and nurses were able to learn from each other. In the wider hospital community, it depended entirely on the staff who happened to be on each ward as to what the arrangements were.

By 1956, Robertson had made a number of visits to Amersham. He said the ward was “heart-warming to see. When brought fully into their children’s care, most mothers were as competent in the ward as they were at home”⁶². He was sufficiently impressed with the situation that he, along with Bowlby, arranged with MacCarthy to make a second film *Going to Hospital with Mother*⁶³. The film was made in February 1956 and released two years later.

The child selected was Sally, aged 21 months, taken off the waiting list as Laura had been. As it happened, she and the family were ideal. The film showed that having mother in hospital is easy to arrange, protects the child from anxiety, and so the child is not distressed afterwards.

Robertson and Bowlby had been worried that Laura, the subject of their first film, did not cry. For the second film, during the initial examination I was worried that Sally was making an almighty fuss about it. I remember getting Robertson into a side ward and assuring him that we could not continue with this film because Sally was crying so much. Robertson had already seen how angry the child got about having her face washed at home, and assured me that this was only temporary - she was with her mother, and her mother would comfort her afterwards. I learnt much from Robertson. Sally’s stay in hospital went well and at the

⁶² Robertson, James & Joyce (1989) *Separation and the Very Young*, p 54

⁶³ Robertson J (1958) *Going to Hospital with Mother*
<https://vimeo.com/ondemand/hospitalwithmother>

end I remember her sitting on the bed going backwards and forwards and singing with her mother fondly looking on - she was perfectly happy and, though she did not know it, just about to go home.

Thus, Robertson had presented a problem with Laura, and now had the solution with Sally⁶⁴.

PROFESSIONAL AND PUBLIC DEBATE

in the meantime...

In 1953 there was another request from the Central Health Services Council to increase visiting hours, although, again, to only slight effect. But in the world outside medicine, there was increasing interest. Bowlby's WHO Report, *Maternal Care and Mental Health*⁶⁵, had come out on 1st March 1951 followed by the best-selling version *Child Care and the Growth of Love*⁶⁶ in 1953. This was the beginning of Bowlby becoming a renowned international figure with some of his ideas reported in the press.

In the medical press levers et al published their paper about unrestricted visiting in a Melbourne hospital⁶⁶. There was very little comment about this other than MacCarthy et al's letter about his ward with mothers being admitted with children of the 'fretful age', and how satisfactory it was, as well as Norman Jacoby's letter saying that he had been having mothers in at Pembury Hospital⁶⁷.

There were, of course, doctors who completely disagreed with frequent visiting because they did not understand the needs of young children to remain in close contact with their mothers. Amongst others, Professor P. J. Moir, consulting surgeon to the United Leeds Hospital, for example, was quoted in *The Lancet* as saying, "I think there is a lot of sloppy sentiment talked about this. If children are left alone for a day or two they forget their parents"⁶⁸.

⁶⁴ Lindsay M (2022) Dermot MacCarthy: a paediatric pioneer *Archives of Disease in Childhood* <https://sebastiankraemer.com/docs/dermot%20mccarthy%20by%20Mary%20Lindsay.pdf>

⁶⁵ Bowlby J (1951). Maternal care and mental health. *Bulletin of the World Health Organization*, 3, 355–533.

⁶⁶ Bowlby J (1953) *Child Care and the Growth of Love* (abridged and edited by Margery Fry), Penguin

⁶⁷ Jacoby NM (1955) Unrestricted visiting in a children's ward. [Letter] *Lancet* 1141-2

⁶⁸ "there is a lot of sloppy sentiment talked about this. If children are left alone for a day or two they forget their parents. The hours in hospital after the visit of parents are chaotic. The children all cry and shriek and will not go to sleep" Editorial (1953). Children in hospital. *The Lancet*, March 14, 531.

In 1954 James Robertson's daughter, Jean, aged four, had needed to have her tonsils out. Joyce Robertson, came in with her and wrote a very detailed description of her experience from the time she was told she was going to have her tonsils out until she got better a few weeks later (remember that she too had worked at the Hampstead Nurseries with Anna Freud). It was published in the *Nursing Times* with a comment by Anna Freud and showed how important the mother was to this child during her tonsillectomy. Joyce's description of her daughter showed how curious and apprehensive children are, and how much they need someone with them nearly all the time to explain *what was happening, what had happened, and what was going to happen*. Even though the medical staff said that the child would not remember anything immediately after she came out of theatre, in the event, the child was very restless, her mother kept telling her to lie down, and later on she recalled "Mummy, you kept on telling me to lie down!" The child came home and was able to start nursery school soon afterwards, while her friend next door, who had not had her mother with her during tonsillectomy was poorly for some time. Anna Freud, in her comments afterwards, confirmed how important the mother's presence is⁶⁹.

Shortly after the first showing of Robertson's film in Scotland, the child psychiatrist Fred Stone - having recently returned from two years in Boston - was offered a research grant by his colleagues at Glasgow's Royal Hospital for Sick Children to 'disprove all this Bowlby nonsense'⁷⁰. Instead, he decided on an experiment to compare two similar wards in the children's hospital, one with unrestricted visiting, and the other continuing with its usual arrangements. During the trial there would be regular meetings to discuss progress the two wards. There was a great uproar, indeed one nurse resigned saying she wasn't going to be involved with any such nonsense - "Do you mean to say, that the mothers are going to see that the children are not always clean and tidy?" Parents were not welcome in the children's wards. Though Fred Stone waited, no regular meetings were requested. After a few months, he heard that the whole of the Royal Hospital for Sick Children in Glasgow had gradually changed to unrestricted visiting.

cf. Neville, JG (1953) Visits to Children in Hospital [letter] *The Lancet* 261(6763) 743, Penfold, Jean (1953) Visiting children in hospital [letter] *Lancet*, 2, 1210-11 cited by van der Horst, FCP & van der Veer, R (2009): Changing attitudes towards the care of children in hospital: a new assessment of the influence of the work of Bowlby and Robertson in the UK, 1940-1970, *Attachment & Human Development*, 11:2, 119-142 <https://tinyurl.com/3rsa4mmx>

⁵² Joyce Robertson & Anna Freud (1956) A Mother's Observations on the Tonsillectomy of Her Four-Year-Old Daughter, *The Psychoanalytic Study of the Child*, 11:1, 410-427
See also 'Psychoanalysis and Paediatrics: The Care of Children in Hospital' in (ed N. Midgley) *Reading Anna Freud*. The New Library of Psychoanalysis, Hove: Routledge, 2013 (chapter 11, pp166-81)

⁷⁰ Karen R (1994) *Becoming attached*. Oxford: Oxford University Press, pp. 80-81.

Herzog was one of many who complained about the “propaganda” by psychiatrists that forced him to increase visiting from one to three times a week and was scornful about mothers in hospital and considered that “difficulties, properly met, ennoble the character”⁷¹. Elspeth Stephen and Elizabeth Whatley⁷² wondered whether the advantages of frequent visiting outweighed the disadvantages, citing neglect of husband and other children.

The alternative to having mothers in hospital is that the hospital goes to the home. In 1954, an extension of the paediatric department at St Mary’s Hospital started up a home care service where the GP asked the hospital team to consider taking over the care of a child, possibly after a consultation with the consultant. It was the first of its kind. Lightwood et al summarise it well, “Home care is less expensive than hospital care, and has an educational value. Both hospital personnel and general practitioners can benefit from cooperating directly in the care of a patient. Home care requires the exercise of tact, sympathy, and a high standard of medical etiquette in order to prevent misunderstandings and overcome difficulties,”⁷³. A paper by Alison While shows how home nursing has flourished⁷⁴. (Later discussions about home care focussed more on the cost than on any benefit for the child, which rather misses the point⁷⁵).

In the meantime, outside medicine, there was more awareness of children’s needs at this time than is often realised. For example, in an article titled ‘Mothers Told: Revolt on Hospital Ban’ the News Chronicle reported on the idea of a parents’ revolt against the restricted visiting on their staying in hospital with their children. It was Edith Honor Earl, niece of Somerset Maugham, who put the revolt idea forward - she said “If my boys... had to be in hospital when they were young, nobody could have kept me away. I have seen much evidence on the terrible effects of separation”⁷⁶. She said that as a portrait painter of children she could always tell when a child had been in hospital for some time.

⁷¹ Herzog EG (1958) ‘Children in Hospital’, Letter to the Editor, *The Lancet*, September 6, p.522-23 and October 25 p. 903-4

⁷² Stephen E & Whatley E (1958) Children in Hospital, *The Lancet*, 272 (7047);641-2

⁷³ Lightwood R, Brimblecombe FSW, Reinhold JDL, Burnard ED, Davis JA (1957) A London Trial of Home Care for Sick Children, *The Lancet* 269 (6963) 313-317, p 316.

⁷⁴ While AE (1991) An evaluation of a paediatric home care scheme. *Journal of Advanced Nursing*, 16: 1413-1421. This service differed from the earlier home nursing services in which nurses carry out the instructions of GPs, for example the home nursing unit at Rotherham (Gillet J. A., 1954, *BMJ*; i, 864) and the similar scheme in Birmingham (Smellie J. M., *BMJ* I, suppl. P.256, 1956).

⁷⁵ Lessing D, Tatman MA (1991) Paediatric home care in the 1990s. *Arch Dis Child*. 66(8):994-6 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1793456/pdf/archdisch00647-0092.pdf>

⁷⁶ *News Chronicle*, 16 March, 1953

In the community, the newspapers, picking up on Bowlby's ideas, had begun to take up the issue of young children's separation from the mother and how emotionally damaging this can be. Newspapers and periodicals as diverse as the News Chronicle, Daily Telegraph, Northern Echo, the Star, Housewife, Daily Mail, The Times, Church of England Newspaper and the Catholic Times all carried articles on the theme of mother child separation. For example, an article in the Daily Mail discussing the effects of separation states that following a short stay hospital admission a child returning home is, "emotionally frozen, then thaw brings tears, hysteria, and often that heart-rending plea for comfort and renewed security: 'Mummy why did you send me away?'"⁷⁷. An article in the popular Housewife magazine entitled 'Mummy Where Are You?', presumably referring to children under five, described the 'shock' of separation concluding – based on interviews with medical and nursing staff – that "more up-to-date hospitals" admitted that regular visits were important, despite difficulties.⁷⁸

THE PLATT REPORT

The Welfare of Children in Hospital, HMSO 1959

While in the popular press there was fairly wide commentary, this was also discussion in medical journals, such as the British Medical Journal and the Lancet, about the visiting of young children in hospital. Some were saying that it was urgent there should be an increase in access, but the paediatricians and nurses working in the children's wards saw no reason for any change. The first of several circulars had been issued by the Ministry of Health in 1949, along with the first of three requests for more visiting for children in hospital. In 1956, to no avail, the government issued its third request that there should be more visiting.

Although hospital staff felt strongly that there was no need for any improvement in visiting hours, the public were becoming increasingly concerned. Letters in the medical press and public press expressed strong but contrasting views. The Department of Health and Social Security set up a committee on the Welfare of Children in Hospital. On the 1st June 1956, Harry Platt (1886-1986), President of the Royal College of Surgeons, was appointed as the chairman.

It was the influence of Robert Jones, who had looked after him as a child (see p 7 above), that led Platt into medicine and then into orthopaedics. His orthopaedic training was done in London and Boston. In 1914, he joined the Royal Army Medical Corps (RAMC) and Robert

⁷⁷ 'What Makes a Child Grow Up Good or Bad?', *Daily Mail*, 8 April, 1952 in: Shapira, M (2013) *The War Inside, Psychoanalysis, Total War, and the Making of the Democratic Self in Postwar Britain*, Cambridge University Press, 2013

⁷⁸ *Housewife*, 5 March, 1953, p.40

Jones appointed him to Manchester where he was in charge of the first fracture clinic, and also of treatment and rehabilitation of the wounded from France. Platt was the consultant at the Robert Jones Agnes Hunt Orthopaedic Children's Hospital and, in 1939, first Professor of Orthopaedic Surgery at Manchester Royal Infirmary. During the Second World War Platt was consultant adviser in orthopaedic surgery to the Emergency Medical Service (EMS). He was an active member of innumerable government committees (he thought 'a committee of one' was the best way to get things done), received many honorary degrees and fellowships from around the world, was President of the Royal Society of Medicine from 1931 to 1932, and the first orthopaedic surgeon to be President of the Royal College of Surgeons, from 1954 to 1957. He was known to be a great organiser with a far-seeing philosophical outlook. Although a surgeon, he always felt himself to be a contemplative man, more of a physician than a craftsman because he had had everything done for him as a child.

Like most orthopaedic surgeons, Platt would have seen many children and had a particular interest in congenital dislocation of the hips (CDH). While at Boston before the First World War he learned that you had to look at the whole child, not just the orthopaedic problem. It was probably his ability as a committee man that led to his appointment as chairman of the Welfare of Children in Hospital committee. He learned much from James Robertson whose recommendations from the Tavistock Clinic to the committee were all accepted.

The remit of this Committee was, "to make a special study of the arrangements made in hospitals 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."⁷⁹ The Committee included two paediatricians (one of them Wilfrid Sheldon) two surgeons, one nurse/ midwife and one Registered Sick Children's Nurse.

Wilfrid Sheldon (1901-1983) was possibly the most important person on the Committee. He was paediatrician to the Royal Household at that time. He had visited Spence at the Babies Hospital in Newcastle and had seen the arrangements for mothers coming into hospital with their young children.

From 1956 to 1958, the Committee met twenty times and took reports from many organisations concerned with children, including the Medical Royal Colleges, The Tavistock Institute for Human Relations⁸⁰ and the National Association for Maternal and Child Welfare.

⁷⁹ Ministry of Health, Central Health Services Council (1959) *The Welfare of Children in Hospital: Report of the Committee (The Platt Report)*. London: HMSO, p 1

⁸⁰ At that time the Tavistock Clinic and Institute were together in the same building and had many staff working in both organisations.

The memorandum from the Tavistock was presented by James Robertson. It is likely that, once Platt had seen this memorandum, he may well have realised that this was the basis of the report which he had been requested to produce. He suggested to Robertson that the memorandum should be published as a book to come out before his Report.

Robertson's book, *Young Children in Hospital*⁸¹ described his observations of children in short stay hospitals, showing their psychological needs and how distressed they were afterwards, and showing how important it was that mothers accompanied their children into hospital. He also describes what he had seen at Amersham Hospital, where he had made the film *Going to Hospital with Mother*, and how satisfactory it was. In his book it occasionally sounded as if mothers were being admitted with their children in other hospitals, but it was only happening at Amersham. He pointed out that this arrangement depended entirely on the people who were working on the ward at the time. He made many other suggestions, including that there should be better education for doctors and nurses in the emotional development and needs of young children. As Platt had hoped the book reached a large audience and was translated into several European languages as well as Japanese.

Robertson was invited to meet the Committee. He brought Dermot MacCarthy with him and showed the two films *A Two-Year-Old Goes to Hospital* and *Going to Hospital with Mother*. It is generally accepted that Platt got on well with Robertson. Wilfrid Sheldon also knew MacCarthy quite well.

The recommendations were radical for the time - that there should be unrestricted visiting; that parents with children under five should be able to stay in hospital; children should be nursed in children's wards and adolescents in adolescent wards; that no child should be admitted unless it was absolutely necessary; and that consideration should be given to further education for doctors and nurses about children's emotional development. Other suggestions were that children should be allowed to bring in their own toys, the food should be flavoursome and that the hospital clothes should be suitable.

As described in Platt's obituary in the *British Medical Journal*, "It was an absorbing experience to sit beside him and watch the way he guided discussion while his own views crystallised".⁸² It is curious that Platt ceased to be Chairman on the 13th July 1957 when his College presidential term came to an end. Given his dominant role in the process perhaps

⁸¹ Robertson J (1958) *Young Children in Hospital*, London: Tavistock Publications

⁸² 'GEG' (1987) Sir Harry Platt' obituary, *BMJ* 294, 10 Jan, p.13
<https://www.jstor.org/stable/i29525650>

most of the work had been done by then. From his early good childhood experiences as a patient it seems that Platt had been loved enough to be able to identify with child patients and to hear what James Robertson was telling him.

The report, officially known as 'The Welfare of Children in Hospital' later known simply as 'the Platt Report', had little or no effect. It was circulated to all hospitals. Hospital administrators took no notice of it at all, and it was put to one side to gather dust, be covered over and 'looked at tomorrow'.

The film *A two-year-old goes to hospital* was *sub judice* while the Platt Committee were sitting which had frustrated Robertson greatly. Now he was able to 'go public', writing in the newspapers, and showing the film. In 1961, he wrote three articles about mothers coming into hospital with their young children in *The Observer*⁸³. The Observer at the time was owned by David Astor⁸⁴. I knew his widow who told me that it was one of the proudest moments of his life that he managed to persuade the Editor of the Women's page to accept Robertson's three articles. Some weeks later he wrote an article in the Manchester Guardian.

THE BIRTH OF NAWCH

National Association for the Welfare of Children in Hospital

The BBC, in a one-hour television programme broadcast two months later, showed part of the two films 'A Two-Year-Old Goes to Hospital' and 'Going to Hospital with Mother'. Robertson, along with his wife Joyce, Dr MacCarthy, Sister Ivy Morris and Dr Ronald MacKeith were invited to take part in the broadcast. Robertson explained the need for mothers to be in hospital with their young children. At the end of the live broadcast, ignoring directions from the producer, he went to the microphone and asked parents to tell him about their experiences, good and bad, in paediatric wards. The programme had been watched by a number of mothers in Battersea. A driving force behind this movement from the very start was Peg Belson, who lived in the same block of flats as Jane Thomas. The two of them were the founders of this great campaign. Writing in 2004, Peg tells of the

⁸³ Robertson J (1961) Children in hospital. *The Observer*, 15, 22, 29 January, 12 February.

⁸⁴ David Astor (1912-2001) had psychoanalysis with Anna Freud for many years. While being one of the greatest and most fearless newspaper editors of the twentieth century he was quite troubled in his personal life. <https://www.theguardian.com/media/2016/feb/07/david-astor-psychoanalysis-personal-political-observer-jeremy-lewis>

international movement they started, all from meetings “on a bench in Battersea Park with children underfoot”⁸⁵.

Afterwards, one of them went to see Robertson at the Tavistock Clinic and asked him what they should do. His advice was to form a group, not to use his name in any way, but to express what they felt about their children being away from them in hospital by themselves. He would always be there to advise, but they had to form the group that suited them. This led to the Mother Care for Children in Hospital organisation in 1961.

In 1962, MacCarthy, Lindsay and Morris at last published our experiences at Amersham in the *Lancet*, having had a thousand mothers in, showing how satisfactory the arrangement was for all concerned including the young children. Though a “still rather controversial subject”, we were able to show that indeed all mothers could be admitted alongside their children (particularly those under five, but older children where necessary) in the ordinary cubicles of a standard children’s ward. Four main benefits of this new system were apparent, “the prevention of unhappiness in the child, the benefits of nursing by the mother... the mother’s need to do this nursing... [and] the prevention of nervous after-effects”⁸⁶. Although no alteration of ward structure was necessary, we did recommend that future children’s ward designs should be large enough to accommodate mothers as part of the ward.

There were only seven responses in the *Lancet*; this lack of response indicates the lack of interest in the subject at this time, in spite of the Platt Report. One letter was from Michael Oldfield⁸⁷ at Leeds Infirmary who was one of the few people in the UK who had emulated the Pickerills in having a mother in to look after their child following plastic surgery, whose primary purpose was thus not related to MacCarthy’s. Oldfield’s co-author Donald Garrow, emulating MacCarthy, had mothers in the children’s ward at the Victoria Hospital for Children in Tite Street, Chelsea. He started with 14 in 1958 increasing to 148 by 1961 (then followed MacCarthy to Amersham Hospital). David Morris at Brook Hospital, London found that, when asked neutrally whether they wanted to stay, only 20 mothers out of 85 who had children under five accepted, and asked if we should be more persistent? ⁸⁸. A survey from Leicester showed that of 30 hospitals, only five had unrestricted visiting, and there was

⁸⁵ Belson P (2004) To get our agenda on to other people’s agenda. In (eds) H. Curtis & M. Sanderson, *The Unsung Sixties: memoirs of social innovation*. London: Whiting & Birch, pp 357-365, p 359.

⁸⁶ MacCarthy D, Lindsay M, Morris I (1962) Children in Hospital with Mothers, *Lancet* 1 (7230): 603-8.

⁸⁷ Oldfield M, Garrow D (1962) Children in Hospital with Mothers *Lancet* 279 (7234) 857-8, p.857

⁸⁸ Morris D, Levin S (1962) Children in Hospital with Mothers. *Lancet* 279(7236) p978

no accommodation for mothers⁸⁹. Ronald Illingworth, Professor of Paediatrics in Sheffield, wrote saying children should be allowed to see their mothers in hospital: yet he did not believe in the after-effects of hospitalisation of children⁹⁰. Valerie Elder, Secretary of Mother Care for Children in Hospital, wrote in reminding us that mothers knew well the after-effects of hospital separation and hoped that, with this new evidence, more hospitals would finally accept mothers coming in with their young children⁹¹

By 1962 Mother Care for Children in Hospital had ten groups. Following sympathetic articles by Mary Stott in the Guardian, the total number had risen to twenty three by the end of that year. The organisation changed its name in 1965 to the *National Association for the Welfare of Children in Hospital* (NAWCH) so as to include the professional members who wanted to join. Quickly, branches began to spring up all over the UK. Parents were now talking to their local paediatrician and ward sisters and emphasizing how much they wanted to come into hospital when their children were ill. This personal approach was quite successful. Soon there was an annual meeting in Westminster. They usually managed to get an MP to come and talk along with doctors and a few nurses who were sympathetic to their cause. By conducting their own early surveys, NAWCH could challenge official figures - information collected at ward level suggested that only 23% of children's wards allowed unrestricted visiting, rather than the 75% that was usually officially stated. These early surveys revealed a surprising variety of meanings of 'unrestricted'. For example, 'It is our aim to have unrestricted visiting, but visiting in the morning is not encouraged'; 'Visiting on this ward is unrestricted, but don't stay more than half an hour'; 'Visiting on operation day is at Sister's discretion, and is discouraged to save parents any unnecessary distress'⁹². By 1966, through discussions with government ministers and questions raised by MPs in the House of Commons, NAWCH had succeeded in establishing a clear definition of visiting arrangements⁹³. Jean Lovell-Davis, Director of NAWCH for eight years, sums up the role of the organisation, "This was a unique pressure group dedicated to promoting the message that sick children need more than clinical attention, they need the continuing care of those who are closest to them"⁹⁴

⁸⁹ Kidd HB (1962) Children in Hospital with Mothers. *Lancet* 279(7237) p1023

⁹⁰ Illingworth RS (1962) Children in Hospital with Mothers. *Lancet* 279(7239) p1131

⁹¹ Elder V (1962) Children in Hospital with Mothers. *Lancet* 279(7235) p912

⁹² Belson P (1993) Children in Hospital. *Children & Society* 7:2:96-210, p199

⁹³ Hospital Memorandum (66/18) 1966.

⁹⁴ Brandon S, Lindsay M, Lovell-Davis J, Kraemer S (2009) "What is wrong with emotional upset?"--50 years on from the Platt Report. *Arch Dis Child*. 94(3):173-7, p 176
<http://www.sebastiankraemer.com/docs/Kraemer%20Emotional%20Upset%20Brandon%20et%20al.pdf>

A result of the articles in the Observer and Guardian, and the BBC programme was that Robertson received about 400 letters. These were made into a book with a preface by Harry Platt, 'Hospitals and Children: A Parent's-eye View'⁹⁵ (essential reading for anyone going to work in a children's ward). It took 40 years or more for most of the recommendations of the Platt Report to be implemented. Peg Belson noted a significant shift in government policy in its 1971 document 'Hospital Facilities for Children'. She wrote "HM(71)22 ..recognised 'the emotional vulnerability of the young child and the effect which early experiences may have on his later development.'" For the first time 'visiting was seen as a preventive and a therapeutic measure and not simply as a social exercise'⁹⁶.

The change came about mainly from NAWCH, but also from retirements and new appointments, the latter being more aware of children's needs than their predecessors. This improvement also came about by much dedicated campaigning by both Robertson and MacCarthy. Robertson spoke about mothers in hospital on BBC radio and this led to many more letters and phone calls. He took both films and conducted public meetings throughout Britain talking about the need that young children in hospital have for their mothers⁹⁷.

MacCarthy also did his own campaigning, what he called his "barrel-organ" but without the monkey, and would often speak at the annual NAWCH conferences. He showed the films, talked to the audience and answered questions. He was a good speaker, very charming, and a paediatrician who had actually done it, and so it was more acceptable. People could not say to him 'but Dermot, this is rubbish'. As a result, some paediatricians did listen and started looking around their wards. Donald Garrow took over the Amersham ward from MacCarthy in 1962 and took the children's ward over to High Wycombe when the new hospital was built, with of course facilities for the mothers to stay in. He also had built in the hospital a ward for mothers of the babies who were in the special care baby unit, which had not been done before. He insisted that the babies should go straight to the mother as soon as they were born, placenta and all, in the way that Klaus and Kennell⁹⁸ had suggested. The importance of mother infant attachment had earlier been mentioned by Margaret Mead in 1957 at the 8th Ernest Jones Lecture of the British Psycho-Analytical Society when she

⁹⁵ Robertson J (1962). *Hospitals and children: A parent's eye view: A review of letters from parents to The Observer and the BBC*. London: Victor Gollancz

⁹⁶ Belson P (1993) Children in Hospital. *Children & Society* 7:2:96-210, p202

⁹⁷ Lindsay M (2021) "Mummy's gone away and left me behind" James Robertson at the Tavistock Clinic, in (eds) M Waddell & S Kraemer, *The Tavistock Century: 2020 Vision*. Phoenix Publishing House

⁹⁸ Klaus MH, Kennell JH (1982) *Parent-Infant Bonding*. St. Louis: Mosby.

discussed how important was the relationship between the newborn baby and the mother and how important it was for the future emotional development of the child⁹⁹.

From the 1960's, specialised neonatal units for the treatment of sick preterm babies had been set up in most major neonatal centres. In the early years these units did little to prevent separation of parents and babies and evidence accumulated of the ill effects of this situation. In addition, the difficulties of building a relationship with a sick or immature baby gradually become apparent, even under more ideal circumstances. It is now generally accepted that mothers and newborn babies need to be kept together to ensure that the future relationship between them is not impaired¹⁰⁰.

MacCarthy's campaigning included several papers. 'A Parent's Voice', written with Dr Ronald MacKeith, reproduced a mother's letter written to NAWCH concerning the death of her three year old child following a tonsillectomy. The child's death seems to have been mostly due to the fact that she was crying and the mother was not allowed to be there, despite her many requests¹⁰¹. The paper raised a certain amount of discussion, and was considered so important that it was reprinted twenty years later in the *Archives of Disease in Childhood*¹⁰². Another paper, written in French, was published in 1965¹⁰³.

As Chairman of the European Society of Paediatric Research (ESPR) from 1975 to 1976 MacCarthy tried to persuade paediatricians in Europe to have mothers in hospital, writing two further articles in French. His 1981 paper in *The Nursing Time*¹⁰⁴s was written by him for children's doctors and nurses. It is more of a detailed, practical manual of why they should have mothers in hospital with their young children.

⁹⁹ "Mead M (1957) Changing Patterns of Parent-Child Relations in an Urban Culture. *International Journal of Psychoanalysis* 38:369-378

¹⁰⁰ 'Kangaroo care' brings infant and mother into the closest proximity: Boundy EO, et al. (2016) Kangaroo Mother Care and Neonatal Outcomes: A Meta-analysis. *Pediatrics*. 2016;137

¹⁰¹ MacCarthy D & MacKeith R (1965) A parent's voice. *Lancet* 286(7425); 1289-1291

¹⁰² MacCarthy D & MacKeith R (1985) A parent's voice. *Archives of Disease in Childhood* 60;179-181

¹⁰³ MacCarthy D (1965) Les Parents a L'Hopital, *Probl. Act. Pédiatre* 19:191-203

¹⁰⁴ MacCarthy D (1981) 'The Under Fives in Hospital' Supplement 1, *Nursing Times*, July 22

As George Armstrong predicted in 1772, once the mothers were in hospital the problem was difficulties between mothers and nurses, which Ruth Davies describes in a 2010 review of the Platt Report.¹⁰⁵

NURSES AND DOCTORS

Nobody in the wards knew much about the day to day lives of children. Up until the 1960's nurses would have had to give up nursing once they got married. For doctors, medical work was such that they often got home late and then were on duty at weekends. Thus, the staff in the children's ward were not really aware of the day to day lives of children. Medical students were never taught anything about the emotional development of children (and not much about their physical development either). When they saw children crying, it was distressing, but later on they seemed to settle. Neither doctors nor nurses realised that the children were in a state of despair; they did not have much time to look and if the child stayed in long enough he or she seemed to become quite friendly and chatty. Of course, the children did not have the language to tell us how upset they were, any more than the children in the days of George Armstrong could tell doctors what was wrong with them.

Throughout this story one problem was clear - some mothers were not able to look after their children, their children got sick, and they therefore had to take them to hospitals. The nursing staff saw the mothers as not being able to look after their children properly, and this started up a rather unfortunate tradition that the nursing staff themselves felt better able to look after the children than the mothers. It was not until the 70's or 80's that senior nurses would have had their own children. While up to then nurses had no real direct experience with children, yet they loved them and became rather possessive. They also loved tidiness, cleanliness and order; the mother's presence sometimes interfered with this. The other problem was that the children would be very distressed when they first came into hospital, and would then go into despair before appearing to become settled. When the mothers returned, the children, especially those under the ages of 3 or 4, could not stop crying each time their mother left them. So it seemed that the mothers were bad for the children and that was why visiting was constantly being kept at a low level. Nurses also had a lot of trouble after the mothers had visited - the children wouldn't sleep, they cried and this itself became a problem. From the outside, people only saw the children being distressed and unhappy, and the parents not being able to comfort them.

¹⁰⁵ Ruth Davies, lecturer in health science at Swansea, said the Platt Report was, "timely and brought about by a convergence in public opinion due to changes in society and systems of hospital care – not least developments in psychological research which challenged the established orthodoxies of both the nursing and medical professions."

Davies R (2010) Marking the 50th anniversary of the Platt Report: from exclusion, to toleration and parental participation in the care of the hospitalized child. *Journal of Child Health Care* 14(1):6-23.

In time, the doctors and nurses that were working on paediatric wards when Laura went into hospital eventually retired and a new generation of staff took over. Few paediatric staff ever really had their views changed by anything that happened, but new ones came in with more modern ideas about the importance of consistent and attentive parenting. Although the nurses ran the ward (in the same way that the wife usually arranges the social life of the home) the doctors also had some part to play. Since the 1870's, most of them would have been sent away to boarding school at the age of eight (good for running the empire, but not so good for emotional relationships later on¹⁰⁶), then off to public school at the age of 13, up to university to read medicine, and, once qualified, living in the doctor's home, then got married, bought a house, and had some children. But busy as they were in the hospital, doctors, particularly, would have less to do with the day to day upbringing of their children (the son of a well-known Quaker paediatrician once told me 'we only saw our father for meetings on Sunday'). So they really knew very little about the emotional needs of small children.

WARD GRANNY SCHEME

Although it is now generally accepted that mothers can come in to look after their children, there are still some children who come into hospital and cannot be looked after consistently by anybody in the hospital. It is not possible for nursing staff to give full-time care to a sick child. James and Joyce Robertson¹⁰⁷ thought up a scheme for foster mothers to be recruited to do this. June Jolly¹⁰⁸ agreed that they were necessary, pointing out the huge number of people who would be visiting each child each day and pointing out how necessary it was, but at the same time saying it was impossible to find sufficient people to do this either on a paid or voluntary basis. She also added that the ward granny could be a threat to the mother. Thus parents need to be encouraged to come in to help look after their children. As June Jolly says, "Perhaps... we should follow the example of people from the underdeveloped countries who will often not admit a child to hospital who cannot feed himself, unless he brings someone with him who can do this for him"¹⁰⁹.

¹⁰⁶ Duffell N (2014). *Wounded Leaders: British Elitism and the Entitlement Illusion -A Psychohistory* London: Lone Arrow Press.

¹⁰⁷ Robertson, James & Joyce (1973) Substitute mothering for the unaccompanied child', *Nursing Times*, 29 November

¹⁰⁸ June Jolly (1928 –2016) was an English paediatric nurse and social worker who in the 1970s–80s transformed the care provided in British children's hospitals to a "family-centred" model. https://en.wikipedia.org/wiki/June_Jolly

¹⁰⁹ Jolly, J. (1974) The Ward Granny Scheme *Nursing Times* 11 April

MY OWN EXPERIENCES

Before I came to Amersham and Aylesbury with Dr MacCarthy, who was already bringing mothers into the hospital, I had had fifteen months in Belfast and London as a junior doctor in children's wards. I never remember being concerned about the children. Certainly, they cried when they came in, but after that they seemed to settle, and I think we all stopped hearing the children cry if we were working in the ward - we had to, in the same way you tend to stop hearing any continuous noise, such as a motorway. Going for a walk one may notice the flowers, but until you know more about them, they only play a little part in your walk. Maybe we were defending ourselves against seeing the children's distress. None of us knew anything about the emotional development of small children and their needs. Robertson constantly talks about the resistance we had at seeing this. I never had time to actually talk to the children. We took our understanding of what was happening to the children from Sister ('always do what Sister says').

The problem was that none of us had been taught anything about developmental psychology. We may have had younger brothers and sisters, but we never had any idea of how a young child, away from its normal carer, would be feeling. We never noticed that the children were unhappy. We were too busy. We accepted a child, listened to the mother's history, examined the child, probably took some blood as one did in the fifties, wrote out investigations, prescribed drugs and saw the child once a day on the ward round unless it was ill.

I never in the whole time between 1951-1958 when I left medicine - and was in children's wards for 5½ years - remember any discussion about visiting apart, of course, when I was working with MacCarthy. In the outside world, whatever people were writing in the BMJ and The Lancet, we didn't read them. When we were not working, we were either socialising or sleeping, or working for an exam. These exams never had any questions about the emotional needs of small children. We now know much more about their emotional development and their needs in hospital.

I heard nothing, knew nothing, and saw nothing either about what happened in the ward, or how the children were when they went home. The mothers would occasionally tell the ward sister about the children's difficult behaviour, and the ward sister would say that they knew more about managing children than did the parents (MacCarthy was always disappointed that before 1953 he had not been told by the mothers how distressed the children were). The only comment I ever had was from a ward sister in Oxford who said "if I knew there was going to be mothers around, I would never have taken up children's nursing".

Parental access to the children's ward was a going concern when I arrived as a registrar at the beginning of 1954. Sister Morris provided something quite special in this ward – we all loved her, she was always scolding us but she loved us and looked after us; I'm sure this warmth and affection that she contributed to the ward helped the mothers to enjoy being there. Someone who was a cadet there at the same time said they loved working in that warm and happy ward, and I completely agree. However, even then, there were occasional disputes, usually at about one in the morning when they seemed to think that it would be a good idea for me to come down. Maybe the time I spent getting there, and the fact that somebody was coming, enabled the dispute to become easily managed, although that only happened in the first year, and only occasionally.

Although at the time there was no statistical follow-up study of children after separation in hospital, my own anecdotal evidence from patients and friends suggests that, if they had been admitted under the age of four for any length of time, they were quite disturbed for some time afterwards. Parents did not like to tell the doctors about their children's distress, but if they told the nurses the reply would be that their child was perfectly happy in the ward and that the nurses were better at looking after them than the mothers. The mothers were so relieved to have them back that they spoiled them.

For example, in 1963 the two-year-old son of a colleague of mine had a high temperature and had to be admitted to hospital overnight. She knew very well that he needed her with him (a view confirmed by the memory of a younger brother who, at the age of five, had been admitted for several days following a tonsillectomy, and had changed from a cheerful, confident boy, to one that was scared and too frightened to come home from school by himself and needed to go home with her). She had to sit up in a chair, and could hear the children in the ward 'wooing' all through the night. She mentioned this to the ethologist Robert Hinde later who said this was an indication that the children were not sleeping deeply. My colleague, who knew that her son was sleeping deeply because he knew she was beside him, realised that the nurses were too busy to hear this.

As a former paediatrician who became a child psychiatrist I note that after their first joint meeting in 1949 (see p.18) how little child psychiatrists and paediatricians have had to do with each other. In 1986 the child psychiatrist Lionel Hersov who had worked with his paediatric colleague Victor Dubowitz at the Hammersmith Hospital, noted that Mildred Creak "had described child psychiatry as the product of a broken marriage between orthodox psychiatry and psychoanalysis and asked whether paediatrics might not fill the role of the third party. Four years later Donald Winnicott concluded that paediatrics had failed as a parental figure for child psychiatry, as had general psychiatry. In 1968 John Apley was still hoping to make an honest woman of child psychiatry: "There has been a long and desultory flirtation between them but it is high time they were married—if only for the sake of the children." He felt strongly that the two disciplines should not compete but

complement each other by closer links.”.¹¹⁰ Thirty years later, though collaborative clinical work has increased greatly, Kraemer writes an ‘institutional blind spot’ remains. A critical mass for creating joined up working has not been fully achieved, leaving the child health professions in a collective state of ambivalence” .^{111,112}

Parental access to children in hospital is now widely accepted, but few younger paediatricians know anything of the historic struggles that were needed to achieve this. They remain primarily preoccupied, as indeed they so often need to be, with childhood disease rather than childhood experience.

EXPERIENCES OF MIDDLE-CLASS CHILDREN BEFORE THE WAR

In 1927 my husband, Tony Balfour, aged 6 months, swallowed an open safety pin. He had two laparotomies on the kitchen table at home to try and find the pin which eventually came out in his potty, but he was not away from home and had the same carers as he had always had. In 1930, I had a middle ear infection with a bulging eardrum. Left to itself this would have burst and damaged the eardrum and so needed lancing - a myringotomy - which was done at home. My bed was moved into the nursery. The chloroform anaesthetic nightmare lasted for a short time. Afterwards I was fine - lying in bed with a nursery fire blazing away at midnight with a nurse opposite me available for comfort, drinks and drops in my ear. My mother came in to visit me frequently, during the day and in her dressing gown at night. I did feel her anxiety but I got better. Only later did I realise the potential dangers to life of this condition, with no antibiotics to treat it, and the risk of spread to the brain. I learned how to make beds like they do in hospital and went back to my bedroom. It was altogether a very enjoyable experience. I know three people who had their tonsils and adenoids removed at home on the kitchen table. Mine were removed when I was nine in a private room in a nursing home where I was well looked after and happy. In 1936, my baby brother aged 3 months had an inguinal hernia needing repair. This was done in our holiday home. The surgeon came 60 miles up from Belfast, had lunch, did the operation and went home. I think I was 8 when I got scarlet fever. My mother said she was probably infected

¹¹⁰ Hersov L (1986). Child psychiatry in Britain – the last 30 years. *Journal of Child Psychology and Psychiatry* 27, 781–801, p. 788

¹¹¹ Kraemer S (2016) The view from the bridge; bringing a third position to child health, In (eds.) S. Campbell, R. Catchpole & D. Morley, *Critical Issues in Child & Adolescent Mental Health*. Palgrave Macmillan
<http://www.sebastiankraemer.com/docs/Kraemer%20The%20view%20from%20the%20bridge.pdf>

¹¹² Kraemer S (2015) Institutional blind spot around mental health needs of paediatric patients. [letter] *British Medical Journal*, 2015;351:h3887

too and could not possibly stay in school and so we decamped to one of the empty houses on the grounds and I remember four weeks of a delightful time with her.

LEARNING TO OBSERVE CHILDREN AND THEIR PARENTS

“Mummy’s gone away and left me behind!” Observation and understanding need to be taught, and learned.

A few days before war was declared, it was suddenly decided that my family staying in our holiday house in Northern Ireland should go back early. They left the next morning at 6am, leaving behind me, aged 13, Jack aged 7 and Richard aged 3. Richard spent the day in my arms crying and saying, “Mummy’s gone away and left me behind!” [This was the beginning of two years of being evacuated].

Much later on, when I saw the toddlers crying desperately in their cots in the ward I did not associate them with Richard. They were no more able to explain their predicament than were the children in the days of George Armstrong. The ward sister told us that the children always cried when they came in, then they ‘settled’, after a while became quite friendly, and occasionally did not want to go home - we were not to worry. She got Robertson’s three stages right, but did not understand them. It was research into the emotional development and needs of young children - showing how important was the presence of the mother, at first not believed, then gradually accepted - that led to mothers being admitted with their children.

Observation and understanding need to be taught away from the cot and in the classroom, preferably as part of an interesting lecture on the emotional development and needs of young children given by a senior person in your own discipline, followed by reflective discussion¹¹³. They were not suffering from an infection that needed an antibiotic, but from the despair and distress at being separated from their mother; for which the treatment was their mother, so that mother becomes a concrete treatment.

Last year people staying in Portballintrae with me went for walks which they enjoyed, but after they went for a walk with my brother Jack, who knew all about flowers and taught them what he knew and how to observe, they said their walks became considerably enriched. Observation needs to be taught and learnt.

¹¹³ Waddell M (2006) Infant observation in Britain: The Tavistock approach. *The International Journal of Psychoanalysis*, 87: 1103–1120

CONCLUDING COMMENTS

'The Two-Year-Old' presents a problem, 'Going to Hospital' is the solution.

Without Bowlby providing the facilities for Robertson to work in his department, Anna Freud's education of Robertson, and MacCarthy providing the answer to the distress of the children, Platt and his Committee would have had very little on which to base their recommendations. Robertson gets a lot of credit for his films, but compared to Spence and the Pickerills, Dermot MacCarthy rarely or never gets mentioned.

Acknowledgement

I would like to thank Dr Sebastian Kraemer for his help and support, and for encouraging me to do this.