



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

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AUTUMN MEETING 2023

Friday 15th to Saturday 16th September



**University of Central Lancashire
Preston**

BSHPCH Meeting Preston 15th to 16th September 2023

Programme

Friday 15th September

Room HA337 Third Floor of the Harrington Building

12.30 Lunch

Chair DR TONY HULSE

14.00 Professor Dian Donnai Consultant Clinical Geneticist. Formerly President of the European Society for Human Genetics and UK Clinical Genetics Society

Genetics and Paediatrics: partners through history

14.40 Dr Philip Mortimer Scandal, what scandal? How badly have haemophilia patients been failed?

15.10 Dr Robert Scott Jupp Neurodiversity and functional illness in classic children's literature

15.40 Tea break

Chair DR COLIN MICHIE

16.00 Dr Annemarie Macallister Senior Research Fellow in History, School of Psychology & Humanities University of Central Lancashire

When children set out to save Britain: adolescents in the UK Temperance Movement

16.40 Demonstration of the Retinal Teaching System and the Anatomage Dissecting Table

17.40 AGM of the Society

18.25 End of first half of the meeting

19.00 Drinks Reception

19.30 Dinner at Bistrot Pierre Restaurant

Saturday 16th September

Room HA113 First Floor of the Harrington Building

Chair DR ROBERT SCOTT JUPP

09.00 Dr Lee Hudson Clinical associate professor at the GOS UCL Institute of Child Health and Consultant Paediatrician at Great Ormond Street Hospital.

An ancient and constant foe: a history of Group A Strep disease in children

09.40 Dr Colin Michie Neonatal tetanus: was it, is it really more frequent in boys?

10.10 Dr Tony Hulse Dr Norman Jacoby – an unusual Paediatrician

10.40 Coffee break

Chair MR NICK BALDWIN

11.00 Dr Jonathan Dossetor Truby King and the Plunket nurses

11.30 Maya Raju A Historical overview of terminology in the Paediatric Diagnosis of DSD Conditions (Cadogan Prize winner)

12.00 Dr Mary Clare Martin Children raise money for children: the ‘priceless’ child and fund-raising for youthful healthcare in Britain and North America, 1850-1950

12.30 Lunch

Keith Vernon has kindly offered to conduct a tour of Preston in the afternoon, lasting about an hour.

Abstracts

Dr Philip Mortimer

Scandal, what scandal: how badly have haemophilia patients been failed?

In the 1970s and early 1980s colleagues specialising in haemophilia harmed many of their patients by treating them with infectious blood products. Though for boys with moderate to severe haemophilia (about two-thirds of them) these products were transformatory, mobilising them and enabling them to be treated mostly at home, cryoprecipitate and especially factor 8 and 9 concentrates contained harmful hepatitis viruses and HIV. By the time this was realised, from 1983 onwards, the damage had already largely been done. In the UK this failure has been characterised as a scandal, and the haemophilia community is still waiting for a fully satisfactory apology and the compensation that in many countries has already been assigned. But taking the long view life expectancy for haemophilia patients *has* been extended from just childhood far into adult life, firstly through MRC-funded research, then by the introduction of heat treated factor concentrates, then through other coagulants and even gene therapy.

Dr Robert Scott Jupp & J Arnold

Neurodiversity and functional illness in classic children's literature

Some non-acute childhood conditions which now appear to be increasing in prevalence have probably always been present. In times when such conditions lacked the diagnostic terms we now use, their nature was described in different ways by contemporary writers. These include autistic spectrum disorders, gender dysphoria, fabricated or induced illness, and medically unexplained symptoms.

Drawing on articles published in Archives of Disease in Childhood and other sources, I will discuss how descriptions of children in these stories can be interpreted with modern insights into diagnosis and management. Reference will be made to *The Little Prince*, *The Famous Five*, *The Secret Garden*, and *Heidi*.

Dr Lee Hudson

Clinical associate professor at the GOS UCL Institute of Child Health and Consultant Paediatrician at Great Ormond Street Hospital.

An ancient and constant foe: a history of Group A Strep disease in children

Group A streptococcus has been an important cause of death and disease in children since records began. The story of efforts to limit its impact, and to treat it is a story intertwined with the story of human civilization and key physicians and scientific stories along the way. This includes the Romans, Cromwellian devotees, American Presidents, Billionaires and to our modern times where it still keeps raising its ugly head and taking us by surprise. Group A has been a constant companion in medical efforts to end and treat disease. It doesn't want to go away.

Dr Colin Michie

Neonatal Tetanus: was it, is it really more frequent in boys?

Introduction:

Historically infant mortality from neonatal tetanus and other causes was a source of tradition and superstition. None of these suggested that there was a greater susceptibility in either boys or girls. As early infant mortality from tetanus has become less frequent in many countries, it is interesting that case series continue to suggest that Hospital or health-care services record more male cases.

Methods:

A wide variety of statistics and records of early infant mortality, and when possible, infant tetanus have been retrieved and examined. Comparisons have been made of the sex ratios over the last two centuries.

Results:

Patient records show that infant tetanus remains an active problem. Data from small to large cohorts, with varied patterns of collection demonstrate that excluding complications of circumcision, male cases have predominated for several hundred years in many of these. In one report 87% of the infants were male. This is not documented in veterinary series.

Conclusions:

Male infants are recorded as presenting more frequently with early death and with infant tetanus in the majority of case series from developing countries and through documented history. Because there is no clear predilection of tetanus toxin affecting male infants of any species, does this represent distinct investments in male infants? A similar skew was identified in iconography of infant deaths. Persistence of this cultural trend may influence the behaviour of migrant parents in seeking care for their children from local services.

Dr Tony Hulse

Dr Norman Jacoby – an unusual Paediatrician

Norman Maurice Jacoby [b 18 March 1911, d 22 February 1994] was born in Johannesburg from an Eastern European immigrant family, came to England aged 17 and studied medicine at Guys. During WW2 he became a paediatric registrar and started a long association with Pembury Hospital, Tunbridge Wells where he later became the Consultant. Pembury was one of the first children's departments to have unrestricted visiting and resident parents. Dr. Jacoby's treatments were unconventional and he became an enthusiast for the use of both steroids and opiates in the treatment of asthma. But he was best known for his treatment of congenital hypertrophic pyloric stenosis both medically and surgically. He performed the surgery himself in the treatment room on the children's ward and published the results of his personal series in the Lancet in 1962, including 104 children he personally treated surgically.

He was a prolific writer and wrote a textbook on 'Paediatric Diagnosis and Treatment' in 1978 which contains many of his unusual views on treatment. Later in his career he developed an interest in Charles Dickens and his health problems which he also wrote about. Dr. Jacoby was an early pioneer in development of paediatrics in District General Hospitals and demonstrated that innovation was not just found in teaching hospitals

Dr Jonathan Dossetor

Truby King and the Plunket Nurses

In 1913 a booklet was published in New Zealand 'Feeding and Care of Baby' by Truby King. Truby King was the director of a large asylum for the mentally ill, Seacliffe hospital in the South Island of New Zealand. The booklet was reprinted 18 times between 1913 and 1928 and reflects the influence and success of Truby King's ideas.

Truby King's theories and methods have to quite a large extent withstood the test of time, and he was the first to introduce quite a number of changes that are accepted now. At the same time some of his dogma we would call eccentric, and some of it quite unacceptable today. There is no doubt that his zeal for his cause and his persuasive powers were unusual and an important part of his success.

One of the people who fell under his spell, and adopted his ideas on child care with great enthusiasm was Lady Plunket the wife of the Governor General of New Zealand at the time. Out of respect for her contribution, the nurses who delivered the system in more than 60 societies throughout New Zealand by 1920 were known as Plunket nurses. Today in New Zealand, professionals we call Health Visitors are still known there as Plunket nurses.

How did the director of an asylum for the insane become the leading thinker in early child care at the turn of the century, and by 1920 Director-General of Child Welfare for New Zealand? This presentation will attempt to answer that question.

Maya Raju Cadogan Prize winner

A historical Overview of terminology in the Paediatric diagnosis of DSD Conditions

This essay will explore two terms that preceded "Disorders/ Differences of Sex Development" (DSD) in labelling and diagnosing children and adolescents with non-dimorphic sexual characteristics: "hermaphrodite" and "intersex". I will outline how they emerged, looking at contextual factors, and the impact of the structure of society at the time on the language used regarding those with DSD. This essay will also explore how these terms came to be regarded as stigmatising and pejorative, paving the way for more recent updates in nomenclature.

Dr Mary Clare Martin

Children raise money for children: the 'priceless' child and fund-raising for youthful healthcare in Britain and North America, 1850-1950

Most histories of voluntary action have focused on children as recipients of philanthropic endeavours, often as victims of ill-treatment, rather than active agents. The most well-known exception is Frank Prochaska's work on "Little Vessels", children's contributions to the overseas missionary movement, which was followed by regional studies in Sheffield, and New Zealand. However, children also made a huge contribution to hospital fund-raising in Britain and North America between 1850-1950, and particularly for hospitals for children. This calls in question Viviane Zelizer's argument that children became economically worthless, but emotionally priceless, between 1880-1930. Moreover, children's fund-raising was often constructed as a cross-class exercise, to promote social harmony.

This paper will focus on children's unpaid work as fund-raisers for hospitals, between 1850-1950, in Britain and North America, as a means of considering the potential exceptionalism of children's wards and hospitals. The case studies include Norwich and the London hospital in England, Temple Street Dublin, and children's hospitals in Glasgow, Montreal, San Francisco, Miami, and Philadelphia. It will first show the large amounts which children of both sexes might raise, and therefore their economic potential. Secondly, it will demonstrate how such fund-raising gave children a place within the body politic at local level and therefore self-esteem and the appreciation of adults, reflected in local newspapers. Finally, it will also indicate how such fund-raising strategies and practices claimed to create a virtual cross-class community, making bonds between royalty and poor children, as well as creating and sustaining local networks across the generations. In conclusion, I will argue that, although children's philanthropy might be regarded as a form of exploitation, it could also be read as empowering, providing esteem and responsibility for the young and incorporating them within an adult public sphere.