History of paediatrics

G151 FROM SCHOOL BOY TO MEDICAL STUDENT, THE CORRESPONDENCE OF A FUTURE MEDICAL OFFICER OF HEALTH

J. Walker-Smith. *Wellcome Trust Centre for History of Medicine, UCL*

An archive of personal letters from 1877–1947 written by Sir George Newman is preserved in the Wellcome Library, addressed chiefly to his maternal aunt, sister, mother and a few to his father. Period 1877–1892, from 7 to 22 years is reviewed to determine what influences shaped his decision to study medicine and his successful career as medical officer of health with a special interest in infant mortality. He attended 2 Quaker schools as a boarder, first Sidcot and then Bootham, York. He was an undergraduate at Edinburgh University. Earliest recorded choice of a future vocation was as a missionary, preferably in India. At first he was against a career in medicine, no one in his family had been medical but at Bootham decided to become a medical missionary and he chose Edinburgh. This was considered by his head master to be beyond his capacity and he required 2 attempts to pass the matriculation exam. Once in Edinburgh, he flourished. He worked and studied 12 hours a day yet found time to undertake Christian missionary and medical extra-curricular activities. He was able to observe dire poverty of the urban poor of the city. Edinburgh was having a Christian revival with Prof. Henry Drummond playing a major role. He powerfully influenced young Newman and introduced the Liberal Party and world of public affairs.

G152 THE EFFECT OF THE 1918–19 INFLUENZA PANDEMIC ON INFANT AND CHILD HEALTH IN DERBYSHIRE

A. Reid. *University of Cambridge*

Hot on the heels of the First World War, the "Spanish 'flu" devastated families and populations all over the world. More than 20 million people died, considerably more than were killed in the war itself. Unlike many infectious diseases it did not confine itself to the young and the old, carrying off many men and women in the prime of life. But this did not mean that infants and children escaped the ravages of the pandemic. Many died from the disease itself, and the health and survival of others was put at risk by the loss of their mother or father. The particular vulnerability to infection of women in the later stages of pregnancy, and the tendency to spontaneous abortion and stillbirth among women with 'flu, suggests that a significant number of live births were jeopardised. The effect of this is hard to quantify, however, because stillbirths were not registered in England and Wales until 1928. Any assessment of the impact of the pandemic on infants and children is also complicated by the lack of data on morbidity and on death in children whose mothers were ill but did not die.

This paper uses multivariate hazards and logistic analysis to examine the relative importance of the 1918–19 influenza pandemic on the risks of stillbirth and infant and child mortality and morbidity. It uses a rare register of notifications of birth covering all births (both live and still), occurring in rural and small-town Derbyshire between 1917 and 1922, with follow-up information gathered by health visitors (including data on feeding, morbidity, and social circumstances) for the first five years of life.

Results to be presented indicate that in early childhood, the "Spanish 'flu'' had most effect on the risk of stillbirth and neonatal mortality, probably through the impact of the mother's illness or death. This research therefore emphasises the role of the mother as the immediate environment for babies during gestation and in their early weeks, and the importance of the mother's health in determining the protective qualities of that environment and influencing their child's health and survival.

G153 EAST AND WEST: THE DIFFERENT APPROACH

D.G. Young. *RHSC, Glasgow*

With the increasing demand for children's services in the 19th century, there was a progressive movement in the development of children's hospitals. Although later than in some European countries, the development of modern style children's facilities in Scotland developed in the second half of the 19th century.

The first of the children's hospitals was that founded in Edinburgh in 1860. This stimulated a group of philanthropists in Glasgow to establish a committee (in 1861), the aim of which was to establish a similar place in Glasgow. The original and strongest opposition came from within the medical profession. Some of the subsequent delay was due to prevarication by the University, which gave nominal support but practical hindrance. Some factors in the long gestation will be presented and the different staffing patterns of the East Side and the West Side of Scotland will be presented. An outline of the Edinburgh, Aberdeen, and Dundee developments will be given. Children's hospitals continued in the first 2 to the present day, while Dundee decided to dedicate a ward for children in the general hospital set-up.

The evolution of the paediatric care and the staffing of the Royal Hospital for Sick Children in Glasgow will be presented in more detail. The first Chair in Paediatrics was established in 1924 in Glasgow, but the Leonard Gow (medical) and Barclay (surgical) lectureships predated the Chair by 5 years. There had been Lectures in both disciplines of paediatrics in the 19th century in Glasgow. The content of the parallel courses given in the 1880s in both medical and surgical diseases in children will be discussed.

A brief outline of the undergraduate teaching development in Glasgow will be given, up to the introduction of an essential course in paediatrics into the undergraduate curriculum some 70 years ago.

G154 A VICTORIAN CHILDREN'S CHARITY ASYLUM AND A PRIVATE CARE-HOME: MORTALITY AND MORBIDITY COMPARED

O.C. Ward. *Maurice Kennedy Research Centre for Emeritus Staff, Newman Building, Uni.Coll. Dublin 4*

The Royal Earlswood Asylum for idiots was a charity foundation. Normansfield was a private care-home set up by Dr Langdon Down in 1868. He had been Superintendent of Earlswood for the previous 10 years. The statutory records give each child's date of discharge or death and the cause of death. The survival rate of Earlswood admissions was only 50% of the Normansfield figure and the annual death rate was twice as high. Tuberculosis accounted for 42% of deaths in Earlswood but only 5% in Normansfield. Two factors may have been responsible. In Earlswood, residents slept in 15 bedded dormitories and in Normansfield in 2–4 bedrooms. The patient/staff ratio in Earlswood was 7/1 and in Normansfield 2/1, implying that residents in Earlswood were together in large groups in the daytime as well as at night. This also led to increased infection rates with measles and scarlet fever. Normansfield admissions were from the upper classes and those in Earlswood were from working class families. Nutrition may have been an additional factor. Account books show Normansfield maintained higher standards at an annual cost per patient of £44 against £50 in Earlswood. Normansfield fees were high and an income/expenditure ratio of 2/1 made Langdon Down one of London's wealthiest doctors.