Forty years of the Paediatric Research Society in the United Kingdom

M Cosgrove

An organisation which fosters and encourages work by young researchers

The Paediatric Research Society (PRS) in the United Kingdom is an organisation which fosters and encourages the completion and presentation of work by young researchers in any area of paediatrics and child health. Meetings are held twice each year, in spring and autumn, hosted by members around the UK. On 15–16 March 2002 the spring meeting of the PRS was held in Brighton, hosted by Neil Aiton. With a wonderful sense of occasion, the second day of the meeting coincided exactly with the 40th anniversary of the first meeting of the society, held at the Birmingham Children’s Hospital. Not wishing to miss any opportunity for a celebration, the society held a special anniversary meeting at which Professor Victor Dubowitz (not quite a founder, but a key figure in the infancy of the society and an ex-Honorary Secretary) gave the guest lecture on his recollections of the early days, and also some thought provoking suggestions for the future evolution of the society. Current members on how the PRS should continue to evolve.

To mark this anniversary the editorial board of *Archives of Disease in Childhood* has kindly granted the indulgence of a dinner speech on the occasion of the 21st anniversary meeting, again held in Birmingham. Brian recalled:

“It was suggested that I tell you about the beginnings of the PRS—the how and why of its birth. I must start earlier than the perinatal period, at its conception. Conception is an intimate, private affair and so it was with the PRS—in fact the details are unknown, although the approximate timing is. It was in the winter of 1960–1961 and it was in Australia. And it was Sir Douglas Hubble, then Professor of Paediatrics in the University of Birmingham, who conceived the idea. He was on a lecture tour of Australasia and, as a lecturer in his department here in Birmingham, I received a letter from him one day telling me that I should consider forming a society of young research workers in paediatrics in the UK to encourage paediatric research in this country.

So in 1961 I made preliminary enquiries from those in a similar position to myself at the time, and 10 of us met at Paddington Green Children’s Hospital on 27 October 1961 to plan the formation of the PRS. Twelve were invited: Brian Bower, Ivo Carré, Patrick Cox, John Davis, Jim Farquhar, Connie Forsyth, Kenneth Holt, Tom Ingram, George Knox, June Lloyd, Tom Oppé, and Dick Smithells. You can regard those 12 as the originals but we invited a few more obvious potential members (Gavin Arnell, John Black, Ross Mitchell, and Otto Wolff) to the first scientific meeting, which took place in Birmingham, at the Institute of Child Health, on 16 March 1962.

The neonatal period of the Society was fairly smooth, as I remember, but I have to confess as the founder-secretary to that sin which is particularly culpable in neonatal care, a failure to keep notes. All I can say in mitigation is that it has persisted and is one of the factors accounting for the unique atmosphere of the PRS. The audience at meetings is scientifically critical, but in a non-threatening, supportive manner. Many a trainee doctor (and more recently a small number of non-medical personnel) has benefited from presenting their research findings which have been first encouraged by them. Meetings have been held in each autumn and spring, with venues throughout the British Isles—from Elgin to Jersey; Norwich to Galway. The membership stands at over 300, and is constantly refreshed by the constitution of the society, described by Brian Bower, as follows:

“One method of limiting membership is of course the age rule. We were all keen to keep out the old men, avoid the dead hand of a gerontocracy; and after frequent discussions, both in committee and in the general meetings of the Society, the original rule of retirement from office at 45 and from membership at 50, was agreed to be the fairest method of preventing senility of the Society.”

Such a policy might be accused of ageism in these politically correct days, but it has persisted and is one of the factors accounting for the unique atmosphere of the PRS. The audience at meetings is scientifically critical, but in a non-threatening, supportive manner. Many a trainee doctor (and more recently a small number of non-medical personnel) has benefited from presenting their research first at the PRS, thus gaining confidence for presentation in a more challenging environment. Many members also value the non-specialist nature of the meetings—a rarity these days. Abstracts considered of sufficient quality are published in *Current Paediatrics.*
Non-members may present at meetings (introduced by a member of the society), and if able to show an ongoing commitment to research, are then eligible for membership. Another unique feature of the PRS is the membership fee, a one-off payment, of £30, which grants membership until “retirement” at the age of 50!

As well as the scientific aspect, the PRS is also a great social body. The original format of scientific sessions on Friday afternoon and Saturday morning, interspersed by the Friday social evening has been maintained. The dinner is usually followed by entertainment of various forms, and by long tradition the PRS “choir” is often heard in the bar, with PRS hymn sheets having recently been resurrected.

Readers, particularly trainee paediatricians in the UK, wishing to know more about the society are encouraged to contact myself for details, or to view the website. The next meeting will be held in Nottingham on 14–15 March 2003. Abstracts from non-members can be introduced by a member of the society.

The Paediatric Research Society website can be found at paediatric-research-society.org.uk.

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LEADING ARTICLE

IMAGES IN PAEDIATRICS

Cold light transillumination as an aid to umbilical catheterisation

A technique using cold light transillumination has been reported for cannulation of peripheral vessels in the newborn.1 Here we show its use in the catheterisation of umbilical vessels. We encountered difficulty in inserting a catheter into a bruised umbilical cord and transillumination helped us to identify the exact pathway of the vessels (see fig). Aseptic technique is maintained by placing the cold light into the finger of a sterile glove. The technique also helps to identify false passage of umbilical catheters. Sterile technique and an extra pair of hands for its usage may limit its use in difficult situations rather than in routine practice.2

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References


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