

British Society for the History of Paediatrics and Child Health

G01 MOZART'S MALADIES

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Descriptions of some of Mozart's childhood illnesses are available from family letters, many written during his European tours. It appears he had smallpox, possible typhoid fever, a rash which may have been erythema nodosum or perhaps Henoch Schoenlein purpura, and numerous upper respiratory infections. His short stature was the subject of comment.

At thirty-five, he was a prolific composer in straitened circumstances who died after a fortnight's acute illness. Details come from a variety of sources, many written long after the event. He had a background of one or two years of intermittent headache and possible depression, and three months of pallor, loin pain, lapses of consciousness and paranoid thoughts, during which time he nevertheless continued to compose, writing the requiem, among other works. Swollen hands and feet characterised the onset of his final illness; fever, weakness, generalised oedema, vomiting and diarrhoea followed. He retained clear consciousness and the ability to sing until shortly before death.

There was no post-mortem, but a skull, alleged to be Mozart's, has pathological features.

A considerable literature is devoted to speculation on the cause of Mozart's early death. The differential includes infective, cardiovascular, renal, hepatic, malignant, iatrogenic and homicidal causes. I shall discuss these, and the possible links between his paediatric history and his final illness.

G02 'STARY DOKTOR' - THE OLD DOCTOR - JANUSZ KORCZAK

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Too few paediatricians have heard of Janusz Korczak (Dr Henryk Goldszmit) (1878–1942) even though he was a pioneer on children's rights and child health care. Korczak devoted his life to children and their welfare. He was a children's physician, child advocate, educator, and psychologist. He was also an early radio broadcaster under the name the 'Stary Doktor' ("The Old Doctor"), celebrated children's writer and playwright.

Korczak wrote one of the earliest Children's Charters. He also regularly defended children and their rights in juvenile courts and, most notably, in 1927 Stanislaw Lampisz, a juvenile accused of shooting dead his headmaster. Korczak spoke of the need for a Declaration of Children's Rights long before any such document was drawn up by the United Nations in the UN Convention on the Rights of the Child (1989).

Korczak's final years were spent running a children's home in the Warsaw Ghetto during the German occupation in World War Two. In August 1942, he and the children under his care were marched to the railway station for transportation for "resettlement". Although recognised and given the opportunity to save himself, Korczak stated "One does not leave a sick child—my place is with them..."

He and the children were taken to Treblinka—an extermination camp.

No one survived.

In all, Korczak authored more than 20 books, including children's fiction, pedagogy and posthumously published *Pamiętnik*. (diary).

This presentation will relate Korczak's life and work within the historical context of early 20th century Europe and his ongoing relevance to worldwide present and future child health care.

Excerpts from his writings including the celebrated children's novel (*Król Maciuś Pierwszy*) *King Matt the First* (1923) – regarded by many as one of the finest children's books ever written, – will be given during this presentation.

Janusz Korczak and the events of his time still have much to teach us.

REFERENCE

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G03(P) CRANIOTABES: TIME FOR AN OLD PHYSICAL SIGN TO BE PUT TO USE?

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Aims Craniotabes describes softness of the infant's cranial bones, causing a 'ping pong ball' effect after minimal pressure is applied. Exact causes of this phenomenon are not clear. This paper aimed to outline the nature and causation of craniotabes from published clinical series, and to identify its relevance to modern clinical practise.

Methods A literature review was performed to identify relevant publications. Historical series were identified from Embase and Medline, with the search criteria "craniotabes".

Results Craniotabes was first described by Elsässer of Neuenstadt in 1843. Early case series from the 19th century recorded a high rate of congenital syphilis in infants with craniotabes. No specific prognostic implication as to the outcome of the infants was derived from this finding. A proportion of cases however always appeared to recover with no underlying cause. We therefore suggest that at this time, craniotabes may have been a sensitive, but not specific, test for syphilis. More recent series of larger numbers of infants show rates of up to 30% in normal births. Some authors described a close correlation between the physical sign and biochemical evidence of maternal vitamin D deficiency. Treatment with vitamin D has been reported to result in rapid resolution of soft skull bones. We suggest that despite not being a sensitive test for the rickets, craniotabes may now be more specific to the condition due to the extremely low prevalence of congenital syphilis. The various case series examined did not allow comparisons with data on head circumference or the size of the anterior fontanelle. No case series has information on neurodevelopmental outcomes or head growth.

Conclusion Craniotabes can be identified in those infants in whom skull ossification is slower towards the end of pregnancy. The finding may in some indicate an underlying disorder such as infection or vitamin D deficiency. The role of membranous ossification to an infant's life-course may permit novel insights into relative growth of brain and bone.

Paediatric Education Special Interest Group

G04 AN INTERACTIVE ONLINE PACKAGE – A FLEXIBLE WAY TO TRAIN EXAMINERS

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Aims Reducing inter examiner variability is crucial for exams. Training of examiners is seen as essential in ensuring validity and reliability of clinical examinations. We aimed to develop an interactive online package to aid training of examiners assessing undergraduate paediatric students and to evaluate inter examiner variability.

Methods Using publicly available Google Sites, we created an online tool to train examiners for their role in paediatric