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A NEW DEAL IN CHILD HEALTH

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THE specialist is relatively new in medicine, and the study of sick children as a formal discipline is a matter of only two or three decades. Many circumstances have contributed both to the lateness and the intensity of the development. This century has seen degradation of humanity in scale and degree greater than any known to history, in the toleration and sometimes the deliberate cultivation of cruelty, and in the reconciling of the human spirit to the planned destruction of thousands, and even hundreds of thousands, at a single blow by the exploiting of atomic physics. By contrast, it has also become a century of great enlightenment about the health and education of children. We have learned how the early death of children, stunted growth, bodily defects of all kinds, blindness and deafness, crippling respiratory and heart disease, can be the result of deprivations; and equally how deprivations of a different kind can cause gross distortions of the personality, resulting in antisocial behaviour, frustrated lives, and the perpetuation of unhappiness from generation to generation.

We have turned upon sick children all the resources which chemistry and physics have placed at our disposal. We have been able to describe in terms of these sciences many of the illnesses, some of them fatal, which a previous generation of doctors regarded with the indifference of inevitable ignorance. And we have been given and have

exploited to the full a great many potent drugs which have transformed the practice of the doctor and the nurse confronted by children with bacterial infections. The antibiotics have arrived to give, as it were, the *coup de grace* (socially speaking) to the bacterial diseases: an ironical thought, if a happy one, when we remember how helpless we were before the discovery of the sulphonamides, in the first three decades of the century, when deaths from the common infections were the daily experience of all doctors in general and hospital practice. The 'miracle drugs' have brought relief to many an agonized family, but, socially speaking, the battle was won before the reinforcements arrived, as common experience showed us (what the registrar's graphs had been prophesying to the initiates), that the killing infections, like the plague and cholera of old, were diseases of dirt and poverty.

Ironical also is the realization of the very great injury we have unwittingly done to many children by the creation of hospitals and hospital wards for children, carried to their logical extreme in the perfectly hygienic cubicle with its gowned and masked attendants and rigid exclusion of the supposedly germ-laden mother. It is difficult for those whose living has been earned, and wit exercised, in the diagnosis and treatment of sick children, not to have some romantic regrets for the children's ward, with its tiled nursery dado

and its Christmas tree. Such wards are there yet, and will remain, while children are born with deformities of their kidneys and their hearts and aberrations of chemistry in their cells. But the cots occupied by the children with rickets and scurvy, tuberculosis, syphilis and rheumatic heart disease; empyema, lung abscess and bronchiectasis; meningitis and diphtheria; the dysenteries and enteritis and coeliac disease; all these we can now, or very soon, pack up, and pull down, or use for perhaps more cheerful purposes the buildings which contained them.

In 1920, 2% of all London school children had rheumatic heart disease. There are some 50,000 adults now with rheumatic heart disease, many or most of whom will require surgery. But crippling rheumatic heart disease in childhood has now practically disappeared from Southern England and one may expect Scotland and the North to show more gradually a corresponding change. Some of the seemingly necessary operations on young children (tonsillectomy, circumcision, removal of naevi) are now seen to be often redundant or harmful. The need for others has disappeared (removal of tuberculous glands, of bronchiectatic lungs: the protracted surgery of chronic osteomyelitis).

Has paediatrics then been born to flourish for a few years and then to fade like an outmoded handicraft? In the sense that paediatrics is the application of the techniques of clinical medicine to the problems of the individual child, who has survived the first few weeks of life, posed as acute episodes, I think that the answer is essentially affirmative, and that relatively few centres centrally placed in the hospital regions will meet the need for the hospital treatment of young children with grave disease. We shall still encounter very common illnesses needing well-informed advice and treatment in people's homes, but the homes will be adequate, centrally heated and well ventilated, not the crowded single-roomed lodging of the city slum; and the mother will no longer be ignorant of the simple facts underlying the practice of personal hygiene, and will be able to reinforce her care, if necessary, by the help of a well-trained nurse.

Twenty years ago this prospect might have been foreseen by someone who stood outside the daily struggle of personal problems of health and disease, but he would have been a bold man or woman who would have predicted the rapidity with which the vision has become an actuality. In paediatrics, however, the truth was first brought home by the fact that our fears of a catastrophic decline in health during the war were never realised. And in the post-war years he is an insensitive person indeed who is not cheered by the daily realization

that children are stronger, more active, more intelligent, and far, far less ill than before.

A halt to this progressive healthiness, or even a reversal of health statistics, could easily occur if the social trends which occasioned it should alter radically for the worse. It does not need a world catastrophe to bring about a reversal of the trend towards a high standard of living. We have seen in Britain a rather ominous tendency towards social regression in the limitations placed upon the original conception of a national health service which should be comprehensive and entirely free from expense to the individual sick person, in the failure to implement plans to improve school buildings, to provide nursery classes, day nurseries, and community care in general. Retrograde social tendencies of this kind are insidious. Professor Titmuss (1958), in an acute analysis of the economics of the welfare state, has shown how it is not the most needy who receive the greatest benefit in services.

Assuming, however, that a setback of this sort is temporary, and that there is no major regression in living standards, will 'paediatrics' wither away? Are there no remaining tasks in preventing and curing disease in childhood, and none in promoting still further reductions in morbidity and mortality in antenatal life and infancy, or in promoting still higher standards of human activity? The question has only to be put to be answered. Wastage of foetal life (i.e. of children conceived but unborn) is still of the order of 10%. Mortality rates still differ by as much as 100% between the lowest and the highest social classes, showing that it should be possible to reduce the loss of infant life in Britain by many thousands a year. At least two children in a hundred are still born with a major deformity of mind or body, some 5% suffer serious emotional disturbance; from 1 to 5% have convulsions; 10% are subjected to some form of operation on the nose and throat. Rejections for the army while conscription was maintained made us aware of the immense gap between the best and the worst, in intellectual, emotional, and physical development, and the magnitude of the deficiency.

Advances will not be automatic, and neither will they be implemented by types of organization and thought which were the result of circumstances now irreversibly changing. The traditional place of the doctor is that of an individual adviser of personal problems. The grafting upon his functions of the immensely illuminating but also highly complicated techniques of applied medical science derived from physics and chemistry, have yielded great dividends. No mother, relieved of the burden and anxiety of a child with congenital heart disease by surgery, but will bear testimony to that. But

it is no longer the brilliant or exceptionally wise individual who has brought her relief, but, in the actual practice of the operation and the preparation for it, a dozen or more people working with apparatus devised and made by as many others, all making use of skills which are the result of long and more or less difficult training, and all working in such a way that every part of the procedure is thought out, planned and co-operative. The need for such co-operation, and the ever-increasing volume of new facts and techniques, makes specialization more and more necessary and the field of the specialist more and more narrow. There is scarcely any serious deviation from health for which, if the individual is to receive efficient treatment or advice, several specialists are not required. The greater our experience, the less are we inclined to accept very simple explanations of disease and treatment based solely upon them.

Still more is efficient co-operation required when, as increasingly we must, we have to consider the implications of disease for society as a whole as well as for individuals, and in the more diffuse and as yet unexplored problems concerned with the promotion of maximum health. Therapeutics, and even the tasks of preventive medicine as they have been undertaken in the fields of public health practice, have been concerned with the individual seen to be already diseased or deformed, or with disease as a recognizable deviation from what appeared to be a satisfactory level of attainment. One has only to examine the physical data collected from supposedly healthy children at school in the earlier years of the century and to compare them with figures collected from the same age-groups 30 years later, to know that standards of 'normality' then were the standards of a diseased community. In affairs of health, we waited till things went wrong before we took notice of what they might be like when they were right. In scarcely any other department of life has such an attitude prevailed. In almost all our other activities in industry, in farming and horticulture, in education, in the arts, our aim is a positive one: we are striving to excel in proficiency, in new achievement, in beauty. It has been the 'cranks', wrong-headed as they have been or have appeared to be in many of their ideas, who first pointed this out and suggested that we should turn our attention to the study of how to live so that all our faculties could be exercised.

National Health Service

The National Health Service was brought into being as a public acknowledgment of social need, but in the face of a good deal of opposition from a majority of men and women on the active medical

list. Faced with the accomplished fact, doctors have learned in a remarkably short period of years to work together in the spirit of a public service. They have seen hospital service improve out of all recognition, in spite of severe economies in staffing and supply. Far from the practice of medicine having suffered, there have been notable improvements stemming directly from the partial abandonment of the direct profit-making incentive, and the acceptance of co-operation rather than competition as the fundamental principle. But defects remain both in concept and execution. Administrative partitioning of the service of doctors into its three separate groups of general practitioner, hospital and public health, has produced less, rather than more, integration than existed before 1948, when the National Health Service was inaugurated. Within hospitals the rigid determination to apply the 'parallel' system of organization throughout the service, has led to the rejection, outside some research departments, of any institution with a corporate structure, with the result that it is only by prodigious efforts of unofficial co-operation, that anything approaching an agreed or connected plan of attack on disease can be achieved.

New thinking, new attitudes, new methods, are needed to meet an entirely new situation. Child health is no longer a field of ignorance and neglect, and it is no longer the exclusive province of the medical profession. The doctor must descend from the pedestal on which an anxious and dependent society has placed him during the last 50 to 100 years, to learn from and collaborate with other disciplines. The doctor must cease to think of himself as in contract with private individuals, undertaking for a consideration a purely personal service, and eager to defend the illusory 'freedom' which must leave him outside the mainstream of social progress. His work, like the teacher's, will, in future, be part of a service which is personal precisely at the point where interests and needs of the individual coincide with those of society as a whole.

In pædiatrics, more than in any other field, we can see not only the need for, but the inevitable tendency to work out in the field, plans for co-operative medicine. So long as administrative divisions divide health workers into separate groups, each reluctant to abandon traditional and exclusive roles, unofficial efforts can only be partially successful. It is clear that in pædiatrics we should have the opportunity to do fundamental work in preventing disease by establishing at the beginning of life right principles of living and good relationships with individuals and with society. But the very problems themselves can only be identified by free discussion between all kinds of

people who bear responsibility for the health and education of children, and there is at present no way of bringing these people together either nationally or locally under official auspices.

The Practice of Pædiatrics

1. *Hospital Pædiatrics*

I believe that Robert Hutchison wrote his 'Lectures on Diseases of Children' during the few days of enforced idleness of the general strike of 1926. The writing is intimate and elegant, and this, together with the obvious pleasure of the author in his subject and his experience as a bedside teacher, made this the most convincing and acceptable book for the children's doctor known to me. Such a book might still be written perhaps, as a condensation of personal experience, but it could not possibly be, as Hutchison's book was in his day, a reasonably complete account of clinical pædiatrics. The relative simplicity of his field alone made this possible, and for that very reason there were, in 1926, practically no British pædiatricians; or rather, any clinician could claim equality of competence in the diagnosis and treatment of the sick child. The slate was almost clean. All that we now understand as the basis of clinical pædiatrics was still hidden, including the physiology of the fœtus and the newborn, micro-chemistry of the blood, identification of metabolic disease, the use of insulin, of the ECG, of the EEG, air studies of the brain, the technique of blood transfusion, the whole of cardiac, plastic and neuro-surgery, genetic prediction and the discovery of chromosome aberrations, and, perhaps most important of all, objective study of child behaviour and the construction of a rational hypothesis of psycho-sexual development.

In Britain, pædiatrics means hospital pædiatrics, i.e. it is defined as a specialist function and indeed the British Pædiatric Association is unlikely to consider for membership anyone who does not hold an appointment as pædiatrician to a medical school or to a regional hospital board, or a comparable position in a research centre. For such appointments membership of the College of Physicians and four or more years of postgraduate work in pædiatrics are required.

There is a technology of pædiatrics which is as important as that of any other field of medical practice. No amount of human sympathy and insight can compensate, in a general pædiatrician, for lack of understanding of hæmolytic disease of the newborn, its mechanism, the critical features in anticipation of the birth of an affected infant, or for poor judgment in diagnosis and practical ability in treatment. But the 'know-how' has certainly been too narrowly conceived in training

and in consideration of candidates for hospital appointments. There is a 'know-how' also of the symptoms and signs of delayed or perverted intellectual and emotional growth, and of the 'handicapped child'. It is possible to 'make a diagnosis' and yet to be ignorant of the circumstances which led to an illness, and which may still obtain.

To be 'fond of children' is not a reasonable basis for the practice of any discipline involving the care of children, and one would be a little sceptical of its adequacy when offered as a motive by an aspirant to pædiatrics. Yet to be interested in, or rather to be fascinated by the efflorescence of childhood: genuinely to like to be with very young children and especially the newborn: to feel sympathetically towards adolescents, these do seem to be prerequisites. Women, therefore, should, and do, make good pædiatricians. The rules of medical training are still very much man-made, and women are not given as good opportunities as men. The late Sir James Spence, whom I knew well, a man of strong personality and original and liberal thought, could yet be so blinded by sex antagonisms as to say to me that in his experience women made good pædiatric registrars, but bad consultants, and he rationalized this prejudice by the supposed difficulty of reconciling maternal feeling with professional detachment. None of us males, I think, is entirely free from resentment at the idea that women can be as or more intelligent and competent in medicine than ourselves. The process of dis-embarrassment from the obsession of male superiority is slow, and in pædiatrics very important, for women play a large part in child health services, and the necessary integration of hospital pædiatrics with public health work has scarcely begun.

There has so far been little specialization in hospital pædiatrics. I was about to say little opportunity for specialization, but this is rather a question of a few people seeing the need and making or taking the opportunity and filling the roles. There are child psychiatrists, but no child neurologists or endocrinologists. Cardiology is slowly emerging as a pædiatric specialty, and there is a place for clinical specialization in psychosomatics, and in preventive and neonatal pædiatrics, and, I think, in dermatology, otorhinology, ophthalmology and orthopædics. The fault, if there is one, lies partly in the way in which pædiatric hospital appointments are made, and this, in turn, reflects the failure of any national organization to emerge which undertakes to consider the needs of children as a whole, and to plan for them.*

The organization of undergraduate, and even of postgraduate teaching is still an uneasy compromise

between traditional 'apprentice' methods dependent upon individual clinical practice, and a logically planned sequence of teaching. 'Vested interests' are strong in opposition to change. Developmental neuro-psychiatry is vital to paediatrics, but there is not a single professorial department of child psychiatry or developmental neurology in Britain.

The regional paediatrician is a maid-of-all-work for children, yet must think of himself as a specialist. He must not just try to be, but must, in fact, be informed on a great variety of difficult technical subjects such as fluid and electrolyte balance, the differential diagnosis of developmental heart disease and the possibilities of radical and of emergency treatment; he must have a good working knowledge of the ECG, not in itself a marginal or trivial matter; increasingly he must learn the clinical application of genetics and of chromosome diagnosis, a subject which is likely to become increasingly important and increasingly complex.

The suggestion has often been made that paediatrics needs to be organized in relatively large departments served by several senior paediatricians who can have the opportunity, by their association, of mutual consultation, both on individual cases and upon policy, and also of some degree of specialization. The South-East Metropolitan Regional Hospital Board accepts this policy, recommended by their paediatric advisory committee, in principle, but has, in fact, only one such centre. The advantages are great. All the major activities of a paediatrician are facilitated, and he is in a much stronger position, *vis-à-vis* other competing interests, in advocating necessary developments. He can, with his colleagues, present a strong case for senior resident staff, without whom it is next to impossible to build an effective paediatric service in maternity departments. He is able to organize conferences, and postgraduate courses for family doctors and child health staff; he is more free, because of the 'cover' provided, to attend conferences himself, and he is in a much better position to take part in research.

I think two factors have militated against this

obvious development. Firstly, there was, at the inauguration of the National Health Service, which provided a splendid opportunity for re-organization, a terrible fear, almost wholly irrational, of 'regimentation', of dictatorial methods in administration and particularly of clinical control. There had certainly been some very bad examples of professional hierarchy in the municipal hospitals, and some of the Government's advisers had experience of the harm done by dictatorial rule in some continental, and especially in German, hospitals. A rigid rule of parity in all hospital appointments was therefore established, and this has made it impossible, or at least very difficult, to organize the kind of department of which I have been speaking, which must have a director or titular head. Secondly, there was the relatively meagre but superficially attractive prospect of the independence and profit of private practice, distracting and competitive. Unfortunately, the institution of 'domiciliary consultation', organized on a strictly individual, and again often competitive, basis, increased this tendency for the individual paediatrician to be distracted from his public, preventive and co-operative function towards a relatively barren personal success. Home visits by paediatricians are important: not to visit is to be largely ignorant of how people live. Reluctance to visit is an important cause of popular feeling of dissatisfaction with doctors, which has assumed quite grave proportions in the United States. But visiting should not be made a matter of individual reward: this concept relates to an obsolete conception of medical practice: home visiting should be part of normal paediatric practice, organized on a co-operative, not a competitive basis.

There are really splendid opportunities now for the young paediatrician attached to such a regional department as I have outlined to become a key figure in the community. His main interest can be directed in one or more of several directions. Some tasks will be thrust upon him (prematurity and care of the newborn, behaviour disorders and psychosomatic disease): for others he must, by his interest, attract support and so create his opportunity. Examples are: assessment and care of handicapped children; family counselling.

Whether we like it or not, the public is becoming much better informed about disease and about health, through the Press and through television and sound broadcasts; we must become willing to explain and willing to take our places, together with other disciplines and in co-operation with them, in a combined effort to improve life and health. Increasingly paediatricians are magistrates in juvenile courts, advisers to societies concerned in child welfare, co-opted members of health,

*But there has been established, in 1962, with the help of the National Council of Social Service, a 'National Bureau for Co-operation in Child Care'. 'Child Care' is now the customary term for services for deprived children. This may seem a limited object and not very relevant. But I think that if the pioneers of this idea interpret their work in an imaginative way, as their constitution suggests that they do, then the concept of an integrated service for all children might well receive a kind of pilot study, and become a model. For deprived children are in a very direct way the immediate and total responsibility of us all, of the community, for all their needs.

education and children's committees of local authorities. In all fields of children's welfare they have a specific contribution to make, but also much to learn from teachers, psychologists, social workers and probation officers. The 'profile' of the pontificating pædiatrician, making 'foot-of-the-bed' diagnoses and holding himself aloof, is not just out-dated—it has become an absurdity.

Nothing stands still, but it would seem that we live in a period of more than usually rapid and revolutionary change, as the result of a century of major intellectual excitement and discovery which may or may not have passed its zenith. The times require the exercise of a faculty not much encouraged by orthodox methods of education, and perhaps more than usually ignored in the teaching of doctors, namely, the ability to keep one's head. There is a large and often incoherent mass of fact and theory to be acquired as the working basis of professional life: and there is fashion, never more obvious than now, when journalists have decided that medicine is good copy and that the public has a right to know. There are hundreds of remedies and combinations of remedies, some specific, some only seemingly so, and many with no function at all, but generously advertised. All are potentially dangerous, and pressure to prescribe is only less intense in pædiatrics than in adult medicine. There is constant temptation to grasp at the latest thing as an over-all explanation, at the EEG as an 'explanation' of epileptic phenomena rather than as a contingency; or, with more substance but still with too great naivety, of chromosome aberration as the 'explanation' of mongolism. The history of medical fashion is melancholy comment on professional credulity: there has never been a time when it has been more necessary to be critical.

2. *Pædiatrics in General Practice*

It is rather the fashion to say that the family doctor is the foundation of medical practice and that the tendency to remove from him the total responsibility for individual patients must be reversed. One cannot say that the general practitioner has, during the last half century, occupied a position of greater or less value to people than the hospital specialist or public health doctor, but, with explosive advances in all branches of medicine, his professional position in society is becoming something of an anachronism. He can no longer claim that he, unaided, is capable of offering to families all the help they need in prevention and cure of disease.

What do children now need the family doctor for? What knowledge do doctors possess, or what powers do they exercise, when presented with the problems of childhood, which other disciplines do

not possess? We are emerging from the period when infection and malnutrition were the most important causes of ill health, and the childhood problems now presenting to the general practitioner are increasingly of two kinds, often inter-related, namely, of physical and mental handicap due to errors of development, and secondly of social maladjustment.

It must be confessed that a large part of the training given to the intending general practitioner has little relation to the tasks he is likely to be called on to perform. To begin at the beginning, he might be expected, since there is nobody else in a position to act as guide, to be able to offer people about to marry information about their fitness for marriage and parenthood, on the needs and difficulties of married love, on the psychology of love, pregnancy, childbirth and motherhood; on preparation for lactation and on the techniques of successful breast feeding; on the way to establish the best possible relationship between parents and children; on the difficulties likely to be encountered in the nurture of the first and subsequent children. He should be trained in birth control, and the reasons for, and treatment of, sterility, and he should be at least in a position to obtain advice on genetic prediction when either parent has some defect believed to be inherited, or when a child has already been born with an inherited defect. He needs to know at least in outline the interplay of environmental and genetic causes in disease, as, for example, in mongolism, and to be able therefore to offer truthful information to parents or intending parents, rather than the sort of vague warnings or reassurances which have been considered by many doctors to be all that can be expected.

'Preventive Pædiatrics' touches on half a dozen specialist fields: it is not a subject in which any single person can hope to be adequate, but for children, as for their parents, it is the family doctor who must act as guide, and for this he needs training. Developmental medicine embraces now a genuine body of knowledge. From Gesell onwards a succession of people have been providing us with an increasingly reliable picture of behaviour progress in children, which allows estimates to be made about individual children, increasingly accurate as the months go by. Although we may still be very ignorant as to what can be done to increase the experience and range of activity of a handicapped child, little progress can be made in this field unless disability is detected early. This is true for the whole field of perception and behaviour. A child who is slow to sit independently may be mentally handicapped, or have cerebral palsy, or both. An inattentive child may also be mentally handicapped, but he may be

deaf or blind. How does one test hearing and vision in a three- or four-month-old baby? A child who is slow to speak may have tone deafness, or dysarthria, or emotional inhibition or merely lack of stimulus. A parent or grandparent may suspect a defect: the family doctor should be able to confirm or to reassure with confidence. Such confidence is not gained by a few lectures; it requires practice, and so does the recognition of cerebral injury in the newborn; and so do the problems of adolescents—their half-realized needs, and half-understood behaviour, and their clashes with parents and teachers. Such problems cannot be discovered, analysed and solved in a few minutes, nor in isolation; they are problems requiring the self-education and interest of parents, nurses and doctors, and later of teachers and welfare workers, working together.

I regret that early plans for group practice, working from health centres, which many people considered the corner-stone of the National Health Service, were abandoned. Pædiatrics in general practice should be a first-class profession, but it can only flourish if the doctor is given a chance to specialize as one of a group: when he does so, he should also be given the opportunity, which his experience should fully entitle him, of being in charge of infant welfare or 'well-baby' clinics.

3. *Child Health*

Of the three main groups of doctors who serve children, hospital pædiatricians, general practitioners and public health officers, I speak with greatest diffidence about the last. As it is the fashion to exalt the position of the general practitioner, so it is the fashion to speak slightly of the work of school doctors and infant welfare clinics, and to regard them as superfluous. I am not ignorant of their work, having myself worked as a young man for over a year as school medical officer and infant welfare doctor, having had good contact with child health service over the greater part of my professional life and the highly valued friendship of many school medical officers. They have less contact with hospital pædiatricians and general practitioners than the other two groups have among themselves. They have less opportunity for mastering the very great advances which have been made in the last two or three decades in our understanding of disease, but better opportunities than the other groups of realizing the need for changing disciplines in pædiatrics. There are among them greater extremes of accomplishment than in hospital pædiatrics. Relative to the much smaller demand made upon them for a specialist discipline, some clinic work is poor—old fashioned in outlook and ill-informed; but some child health doctors have, especially in the kind of work which

demand a good understanding of social medicine, of personal relationships, the emotional needs of parents and children, and knowledge of normal development, higher standards than many hospital pædiatricians.

Increasingly, in 'western' civilization, a child spends, after the first three years of life, quite a significant part of his waking life apart from his parents, in day nurseries, nursery schools, schools, holiday camps, clubs; not a few children spend a major part of their life living wholly apart from their families. In all of this doctors have, or should have, a significant role. At his, or more usually perhaps, her best, the school doctor is more intimately concerned with a family, and a more readily available source of reliable advice in family problems than anyone else. Many are *faute de mieux* practical psychiatrists. They have many difficulties; for example, no access to specialist advice except by permission of the family doctor, who may or may not be a willing ally; they have minimal secretarial help and good record keeping is a labour often performed in nominally leisure hours.

To see that these three groups of practitioners in pædiatrics should have a common administration, a common meeting place and parity of esteem, requires no great profundity of thought. But it seems unlikely, in the face of very powerfully rooted prejudices, vested interests, and economic difficulties, that any integration will take place under official auspices. The opportunity existed when the National Health Service was inaugurated, and when professional and public opinion was much more fluid and ready for change: such a situation does not arise more than once or twice in a life-span.

Terms which we use so freely, as if they had precise meaning in terms of a child's needs—'education', 'nurture', 'health', are only conveniences; as someone has said of the departments of a university, they are the names which decide to whom salaries go. Nobody can say where 'education' or 'health' begin and end, nor how early either is to be thought of as socially necessary features in a child's life. In his parents? Before he is conceived?

The discovery and channelling of measures to improve the health and vigour of children, to give them the conditions in which they can exploit their endowment, to develop the sort of personality on which a hopeful future for all of us can be built, is not going to be the business of one professional group. There are, of course, tentative ventures here and there, unofficial groups and societies, who make it their business to think about social pædiatrics. Their activities are mostly unrecorded and unblest by any agency of government.

There is nothing new about the idea of a child health centre. I do not use this term in the sense of university departments of child health, which have their place, and presumably an increasingly useful one, in research of a highly technical kind. I mean by this term an extra-mural child health centre, which serves as the local clearing house for ideas and the place towards which everyone can look whose work provokes (or should provoke) self-questioning, for the opportunity to exchange information, to report developments or observations which he thinks are of importance; to gain support for what he considers to be necessary changes or reforms; to take part in a continuing study of the welfare of the child population of his neighbourhood, and to undertake, with colleagues in all branches of child nurture, planned studies which can make useful contributions to knowledge in that district, or for children as a whole. Examples of such studies would be the special health risks of a local community; changes in food consumption; in living habits; industrial hazards; housing; and the infinite variety of conditions which can affect individual children, the family and a community. I see the opportunity to establish such a centre being taken most easily in a city of some 500,000 people, its own master in all the main functions of government, with its university centre, a health department capable of entertaining new concepts in the activities of its doctors and health workers, a co-operative Regional Hospital Board and a progressive city council encouraging initiative and ready to take advantage of every possible Act of Parliament to finance new ventures.

4. *Pædiatrics in Underdeveloped Countries*

In Cape Town, African children with tuberculous meningitis are commonly treated as outpatients. Recently a candidate for an English appointment, who was resident in Africa, said he wanted 'to practice pædiatrics', not to spend all his time treating children with malnutrition and infections. Perhaps he wished to do research work, but I guess that he hankered after the relative elegance and leisure of pædiatric practice in a country with a high living standard. There are opportunities for pædiatric practice in underdeveloped countries, with communities living on a subsistence economy, and on the edge of starvation. I have not myself worked in Africa or Asia, but I imagine conditions not wholly unlike my own experiences in London in the 1920's, when infant mortality was three times its present level, when hospital outpatient departments were thronged with infants with bronchopneumonia, whooping cough, congenital syphilis, skin infections, osteomyelitis, mastoiditis, nutritional anæmia, rickets and scurvy. One was often

oppressed then by the meagreness of the help to be offered, but there was great satisfaction nevertheless in being able to offer something. Very much more can be offered now.

But I think it is true to say that there is not much place now for the missionary idea, which is essentially patronizing. The colonial empire has gone, but there is still a genuine demand for 'Europeans', and especially for Britons, in many parts of Africa and in India, where the need for doctors is only secondary to the need for technical experts in agriculture and industry, and in education. The African and Indian peoples do not very much want people with missionary spirit: they are ready to give conditions and salaries which are 'competitive', and indeed prefer to do so, to people who possess the 'know-how' and who want to exercise their skill.

They need public buildings, schools and hospitals and doctors to staff them, as visible evidence of the fact that they are masters of their own destinies. They are not ignorant of the fact that such things are (relatively speaking) luxuries. They do not appreciate being patronized; they do not need advice from us on how to organize themselves or how to spend their limited budgets, but their statesmen realize only too well how few of their own nationals are trained in the techniques and arts of modern civilization.

Research in Pædiatrics

Medicine is a branch of biology. I don't know when the term 'research' came into current usage, but the Oxford dictionary says it was derived from 'rechercher'; and of the meanings attaching to the prefix, the RE of research implies intensification or concentration. All of us have the impulse to enquire and we are all intentional or unintentional experimenters—we try things out and we accumulate observations, and our behaviour is, whether explicitly or not, derived from them. But unless such observations and experiments are well ordered or designed, irrelevancies and 'observer error' reduced to a minimum and 'chance' taken into account, they are unlikely to be valuable. Research in this sense is modern; it is in the biological field complicated and expensive and dependent on work by a team of people trained in relatively narrow fields with highly technical expertise. We owe all the major advances in pædiatrics to highly organized work of this kind, in which single men and women may provide the ideas, but in which execution demands organization. Nationally we are still very parsimonious in medical research, spending on it less than 1% of the total cost of medical services. The major source of funds has been from taxation (Medical Research Council), but a very remarkable

development has occurred with the endowment by the National Spastics Society of an Institute of Pædiatric Research at Guy's Hospital. Other associations, e.g. the Eugenics Society and the National Society for Mentally Handicapped Children, have made grants to individuals or groups for particular projects. There is a really unlimited field of investigation in pædiatrics, biological, therapeutic, sociological, psychological, educational, and nobody can work for long in this field without having ideas. But there is a rather large gap between the idea and the actual study, which can only be bridged by quite hard work, and many or most lines of study do require a great deal of technical knowledge and facilities. Yet it would be wrong to suppose that research itself is a 'specialism', and I have myself been associated with several studies which were carried through by a number of 'amateurs' in pædiatrics or child health, as co-operative projects. Statistical advice is not difficult to obtain and the trustees of research funds are willing to consider any seriously planned investigation. The main 'growing-points' of pædiatrics at present are in genetics, in the 'epidemiology' of developmental abnormality, in the analysis of the disability of handicapped children, and in psycho-sexual development and disorder. While work in each of these fields is specialized, and often, as in chromosome studies or the biochemistry of genetic distortion, very highly specialized, there is still quite a considerable contribution to be made by organized non-specialist study.

One of the co-operative studies which I mention above was an ambitious attempt to gain some insight into the conditions in which the 'healthiest' children of a community were conceived and nurtured ('Epidemiology of Health'). There have been many attempts to describe in general terms

what we are striving for in child nurture; none of these can perhaps obtain general support, even in a society with a settled and generally accepted 'philosophy' of life. There will be fairly sharp differences of opinion as to the degree to which a child should be made to conform to an accepted pattern of behaviour, what sanctions it is justifiable to employ, whether our aim in education is knowledge or the power to think, the inculcation of an ethic or the ability of each individual to form his own. The same regime will to some appear rigid, to others so lax as to leave children confused. Yet the differences of opinion will be chiefly as to means and all will desire that children should fulfil themselves as a well-nurtured plant will grow to full stature, bloom with full fragrance and colour, and procreate. Tentatively one might express the aim of child nurture as the achievement of adulthood in full physical vigour, with an attitude to life based upon reason rather than prejudice; sensitive to the needs of others and with occupations which are constructive rather than passive.

I would urge pædiatricians to seek a place in society which is not only one of direct professional work, but in which they could have an opportunity to share with teachers, sociologists, psychologists and social workers, their thoughts on the needs of children. Such an opportunity can come through child health societies, through membership of the bench of a juvenile court or of a children's committee. Increased understanding of childhood is so clearly the key to the understanding of adult behaviour. And I do not think it an extravagance to suppose that we can, by the deliberate fostering of what I call social pædiatrics, explore ways of delivering humanity from some, at least, of its material as well as its moral dilemmas.

REFERENCE

TITMUS, R. M. (1958): 'Essays on the Welfare State'. London: Allen and Unwin.

partly due to its geographic isolation and partly to the traditions of its two staple industries.

Comparison with other Medical Institutes

Most other medical institutes in this country are in cities with undergraduate medical schools and they therefore serve a rather different function from that envisaged for the North Staffordshire Medical Institute. The recently opened medical centre at Kingston-on-Thames is again not strictly comparable for its primary purpose is to serve as a common meeting place for general practitioners and hospital staffs. The Stoke-on-Trent scheme is perhaps most akin to the new Postgraduate Institute at Exeter. There is perhaps a major difference in the underlying concepts of the two Institutes. The primary purpose behind the planning of the North

Staffordshire Medical Institute was to provide the facilities for achieving and maintaining the highest possible standard of medical practice, at all levels, in the district. This must remain the first objective though clearly the future development of the Institute may expand along more ambitious paths.

In conclusion it should be emphasized that the concept of the North Staffordshire Medical Institute had long been in the minds of the senior members of the medical profession of the district. Its realization is due to the combined efforts of numerous individuals, including consultants, general practitioners and laymen who have selflessly devoted much of their spare time to the achievement of a goal which all believed would benefit the community.

Obituary

It is with great regret that we announce the death of Professor R. F. Woolmer, V.R.D., B.M., F.F.A.R.C.S. Professor Woolmer was appointed director of the new research department of anaesthetics at the Royal College of Surgeons in 1957 and became the first holder of the Chair of Anaesthetics established there by the British Oxygen Co. in 1959. He joined the Executive Committee of the Fellowship of Postgraduate Medicine in June 1959. He leaves a wife and two daughters, to whom we extend our sincere sympathy.

CORRECTION

Professor Findlay Ford, Professor of Child Health, University of Cape Town, and Dr. Edmund Cooper, M.O.H., City of Cape Town, have written to say that Dr. Duncan Leys has been misinformed about the treatment of African children with tuberculous meningitis in that city. They wish 'to state most emphatically that

neither they nor any of our numerous ethnic groups here are treated on lines other than those which would be entirely acceptable to experts elsewhere'.

The *Postgraduate Medical Journal* sincerely apologizes for this error in the issue of November 1962 (Paediatrics 2).