

Shaping the Future and Celebrating the Past

A Brief History of Sick Children in Greater Manchester 1829 – 2009

Pamela A Barnes



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This book attempts a portrait of paediatrics in Greater Manchester and Salford and especially to commemorate the “coming together” of the children’s hospital services. It is not intended to be a comprehensive record; it briefly tells the stories of the hospitals, The Royal Manchester Children’s Hospital, Booth Hall Children’s Hospital, The Duchess of York Hospital for Babies and St. Mary’s Hospital and the various outlying units attached to District General Hospitals. It outlines the local progress of paediatrics and the service for sick children; it commemorates the dedicated practitioners who helped this progress over the last 180 years. Manchester and Salford can rightly claim to have the longest continuous service for sick children in the U.K. Now they can continue to build on their fine record and steadily increase their world-wide contribution in paediatrics, enabling the service to fully realise its potential. Without recording and comprehending the past we are unable to build for the future.

Foreword

I am delighted to write this foreword for Pamela Barnes’ history of children’s hospitals in Greater Manchester. History reminds us just how far we have come. Fortunately, gone are the days when parents in the UK were not allowed to visit their child in hospital or could only see their child through a glass partition. It was Sir Harry Platt, a Manchester orthopaedic surgeon, who had a seminal influence on these changes. Born in 1886, he suffered tuberculosis of the knee from the age of 5 and his own experiences from that time helped shape the Platt Report of 1959. Platt grasped the importance of child health services that took children and their carers into account and his committee’s recommendations transformed not only child health services within Manchester but also within the UK.

Subsequently, there was the Court Report in 1976 ‘*Fit for the Future*’ and within the last decade a national service framework for children and young people and maternity services, the publication of ‘*Every Child Matters*’ and in 2009 ‘*Healthy lives brighter futures – The strategy for children and young people’s health*’. There have been major advances. At one stage there were 200,000 tonsillectomies being conducted per year in England and Wales, 1 in 3 children! This has been greatly reduced. In the last century, haemophilus epiglottitis and meningitis have been virtually eradicated and survival rates from leukaemia and pre-term births have both improved dramatically. The average length of stay in children’s hospitals has reduced from almost 4 days a decade ago to under 2 days today but much still needs to be done. Children account for 10% of walk-in attendances at the NHS, 25% of NHS Direct calls and 25% of Accident and Emergency attendances. Some reports suggest that 85% of children with diabetes under the age of 16 could be better controlled, 75% of childhood asthma admissions are avoidable and up to a quarter of cases of epilepsy in children and young people are misdiagnosed. The publication ‘*Why Children Die*’ in 2008 suggested that there were avoidable factors in 43% of children’s deaths.

George Santayana said “Those who cannot remember the past are condemned to repeat it”. History books give us insights into the obstacles which our predecessors had to overcome in order for us to achieve where we are now. Pamela Barnes’ comprehensive review of the children’s hospitals in Greater Manchester over the last 180 years shows us the transformation brought about throughout the industrial revolution, by charities, by the development of paediatrics as a specialty in its own right and finally with the creation of the NHS 60 years ago. The new Manchester Children’s Hospital, currently the largest children’s hospital in Europe, creates for this city a real opportunity to lead the way. Following the great legacy of innovation and care charted by Pamela Barnes, there looks to be a very bright future for the care of children in and around Manchester.



Professor Terence Stephenson

President, Royal College of Paediatrics and Child Health

Shaping the Future and Celebrating the Past

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Introduction

We are living through momentous times for medicine in Britain. Genetics and new technologies promise to transform practice, and our successive governments promise to transform services. In Manchester, in realisation of a long-standing ambition, the specialist services for children are now concentrated on one site as part of a major redevelopment of the central teaching hospitals. So ours is a time to look forward; but also a time to see these developments in historical perspective. In this booklet, we trace the histories of the children's services which are now gathered in Central Manchester. We sketch the intricate institutional and biographical stories and we relate them both to the wider history of children's services in Britain and to the social history of Manchester.

Our history goes back to 1829, when Manchester was emerging as the shock city of the industrial revolution. As factories and poor housing mushroomed and as the condition of life for the poor deteriorated, a group of wealthy men met in Manchester in 1828 and established the General Dispensary for Sick Children in 1829. Initially, like other such 'Dispensaries'. It had no beds. The children were treated as outpatients or in their own homes. This Dispensary for Sick Children grew to be Pendlebury Hospital, a major site for the development of paediatrics, and home to the oldest continuous children's service in Britain. After 1850, as citizens worried about 'the condition of England' and as women became more influential in public affairs, so medical charities became more popular and services for children were considerably expanded. As the Dispensary for Children expanded and began to take inpatients, so too did Manchester's maternity charity, St. Mary's (newly including child patients); and a new Dispensary was founded for women and children, which later became the Northern Hospital in Cheetham Hill.

The third period of new foundations for sick children was around the Great War of 1914-18, when infant and child welfare had become a major national issue, along with votes for women. In Manchester, a feminist doctor began a Hospital for Babies (later the Duchess of York Hospital), and the newly amalgamated Poor Law authorities of the Manchester district devoted one of their new buildings, Booth Hall, to care for the children of paupers.

In 1948, all these five institutions, both charities and municipal, came into national ownership under the National Health Service. In later rationalisations, the Northern closed in the early 80s and the Duchess of York was rebuilt on the Withington hospital site. From 2009, most of the other three facilities – Pendlebury,

Booth Hall and St. Mary's children's department – will go forward as one, as part of the Central Manchester University Hospitals NHS Foundation Trust but retaining the name of The Royal Manchester Children's Hospital.

Compared with other countries in Europe, the UK was late in addressing the medical needs of children. In post revolutionary Paris (1802) a former orphanage was reorganised as a hospital for sick children. Initially it had 250 beds but was rapidly expanded taking almost all of the children of Paris who needed hospitalisation. Though plagued by infectious disease and high death rates, it became the international focus for doctors with a special interest in children. By mid century, in several continental European capitals, the medical schools and the major hospitals were run by the state and/or church, including large institutions for sick children which provided opportunities for development of paediatrics as a medical specialism.

But in Britain the main teaching hospitals were relatively small. Their patients were poor, but they were not paupers maintained at the cost of state authorities. The hospitals were charities, supported by donations and legacies. They generally excluded infectious diseases – which accounted for most of the illness among children. The only children admitted were accident cases or emergency cases for it was generally thought that sick children were best kept at home with their mothers. If children had to be institutionalised long term, it was in orphanages or workhouses under the Poor Law but because these facilities were of little interest to medical men there was little or no teaching in paediatrics.

In Britain, children's medicine was not seen as different from adult medicine. The children of the poor mostly lived or died untreated, and wealthier families had their children attended by general practitioners at home.



The Royal Manchester Children's Hospital, Pendlebury. From an engraving of 1879.

The Origins of Royal Manchester Children's Hospital

The Children's Dispensary which later became the Royal Manchester Children's Hospital at Pendlebury began in a small house on Back King Street, Ridgefield, Manchester, in February 1829. Dr. John Alexander and Mr. Walter Barton Stott gave their services freely, Dr. Alexander for 25 years and Mr. Stott for much longer. If the Dispensary work enhanced their reputations, it would be less for special skills than for their contribution to public welfare at a time when the deaths of children were coming to be seen as a major (and increasing) fraction of the high death-rates which blighted the urban poor. Various merchants and manufacturers gave financial support (and could recommend patients), notably Daniel Grant whose £42 was over two thirds of the first year's income.

Most small medical charities occupied pre-existing buildings and they often moved house when finances permitted. The General Dispensary for Children moved in 1850 to 126 Cross Street, still treating about 1500 children per year. Funding was scarce in the first two years, but after a move to North Parade in 1854 income improved, partly from a large donation by the owner of the Theatre Royal. By then the national economy was recovering from the severe industrial depressions of the 1840s and after several decades of worsening conditions the standard of living of the poor began to slowly increase. The move to North Parade coincided with the appointment of Dr. Louis Borchart and some inpatients were admitted.

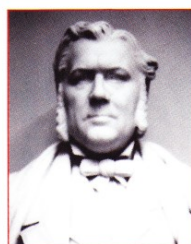
The year 1848 had signalled the end of the threat or promise of revolution. In Britain the failure of the Chartist movement postponed voting rights for the working classes; in several European countries, revolutionary movements were violently suppressed and the leaders forced to emigrate. To a degree which seems unique, Manchester paediatrics gained from that emigration.

One German medical immigrant visited Frederick Engels here, who thought him unlikely to succeed in medicine; Abraham Jacobi then moved on to the USA and became 'the father of American paediatrics'! At the same time a Hungarian immigrant, Dr. Schoepf Merei, who had taught paediatrics at the children's hospital in Budapest settled in Manchester and collaborated with a local surgeon to establish a Dispensary for Women and Children in Stevenson Square in 1853, aided by financial support from Silas Schwabe, a manufacturer of fine silks and a leader of the local German community. The new hospital's annual reports were remarkable for the rich data on the development of the children, and for attention to the public health, not just the diseases of individual children. In 1855, Merei published a book *On the*

Disorders of Infantile Development and Rickets, but he died in 1858, after which the charity moved to Cheetham Hill as the Northern Hospital for Women and Children.

This focus on mothers and babies together was characteristic of the 1850s. It was part of the public health movement which then was becoming a national cause, and which had underlined the high mortality of children in manufacturing towns; but it was also a product of the Crimean war and the fame of Florence Nightingale and her nurses. Charities for women and for children benefitted particularly from the increasing role of middle-class women in public charities, and from a weakening of the harsh individualism which had seen charity as demoralising its recipients and aid to families as encouraging thoughtless reproduction.

From the City Centre to Suburbs



Dr. Louis Borchart.

Louis Borchart, a radical doctor from Germany, soon became a prominent member of the city's German community and the leading doctor at the Children's Dispensary. When it relocated to Bridge Street in 1859 there were about 20 beds, and mothers were encouraged to be with their children on the ward at all times. About 7,000 children were seen each year as outpatients or home patients, and the cost was 3s 1d per child.

By 1864 the charity was thriving, with a large and prestigious governing body, including 3 patrons and 21 vice presidents. Hospitals were becoming more popular as charities, and thanks to the campaigns of Florence Nightingale (and her Manchester ally Dr. John Robertson), the fashion was for airy buildings in the pavilion style, preferably out of town – away from the foul air of the city, and hopefully from the fever outbreaks which continued to afflict the city hospitals. It was decided to build a big new Children's hospital in Pendlebury, 4 miles to the northwest of the city centre. The foundation stone was laid in 1868 and the first phase was completed in 1873, with a donation of £10,000 from Oliver Heywood. Other charity money followed, including a major 'bazaar' at the Free Trade Hall in 1875. The Pendlebury hospital was fully completed in 1879, and Florence Nightingale personally commended the design. With the opening of this new hospital, inpatient admissions rose from 320 to 550 per annum.

Because Pendlebury was so far from the city centre, a new dispensary building was created on Gartside Street as a city centre base for the outpatient provision. It was expanded in 1907 and remained there until 1991. The advent of the telephone was a crucial element in communication between Pendlebury and



Grace Campbell, Lady Superintendent Royal Manchester Children's Hospital, 1879.



Gartside Street Outpatient Department, Royal Manchester Children's Hospital.

Gartside Street, and transfer of patients was by horse drawn carriage. Because the hospital was remote, it was decided to appoint resident, salaried medical officers – a very unusual arrangement which disturbed the local medical profession. The nursing was upgraded by the appointment in 1877 of Miss Grace Campbell as the first Lady Superintendent. She came from a wealthy, military but radical Scottish family, and she set up a nurses training school which took young ladies from all over the country (and later from all over the world), most of whom paid £50 for the first of their two years. (£50 was then a good annual wage for a

working man). She left after two years to marry a doctor and, since marriage was then incompatible with her continued employment, the couple moved to Australia and then New Zealand.

The 1891 census shows that nurses from many different countries across the world were training at Pendlebury. Nurses could also be placed outside the hospital to nurse children in their own homes. But the nursing of children, for all its attractions, could be hazardous; through to the mid twentieth century, infectious diseases claimed victims from staff as well as children.

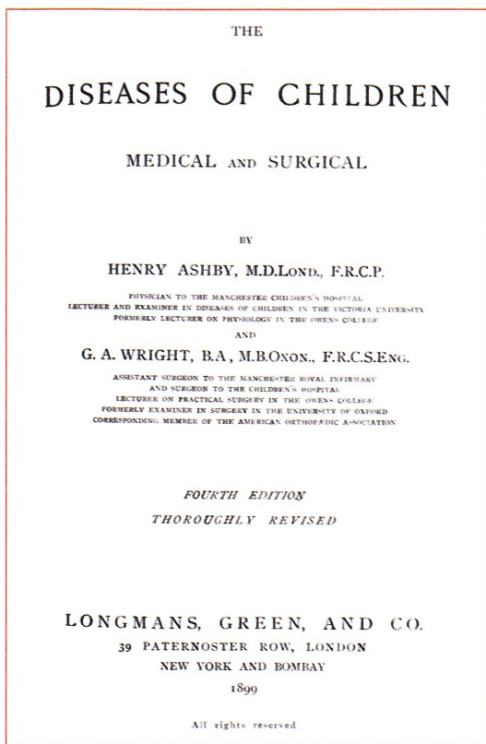


Royal Manchester Children's Hospital.

Borchardt was a prominent supporter of women's rights and of the new lady nurses. He saw himself as an expert on hospital management, but was resented by some of the other medical staff. He retired in 1879 after 25 years service, but he continued his interest in the hospital until his death in 1883.

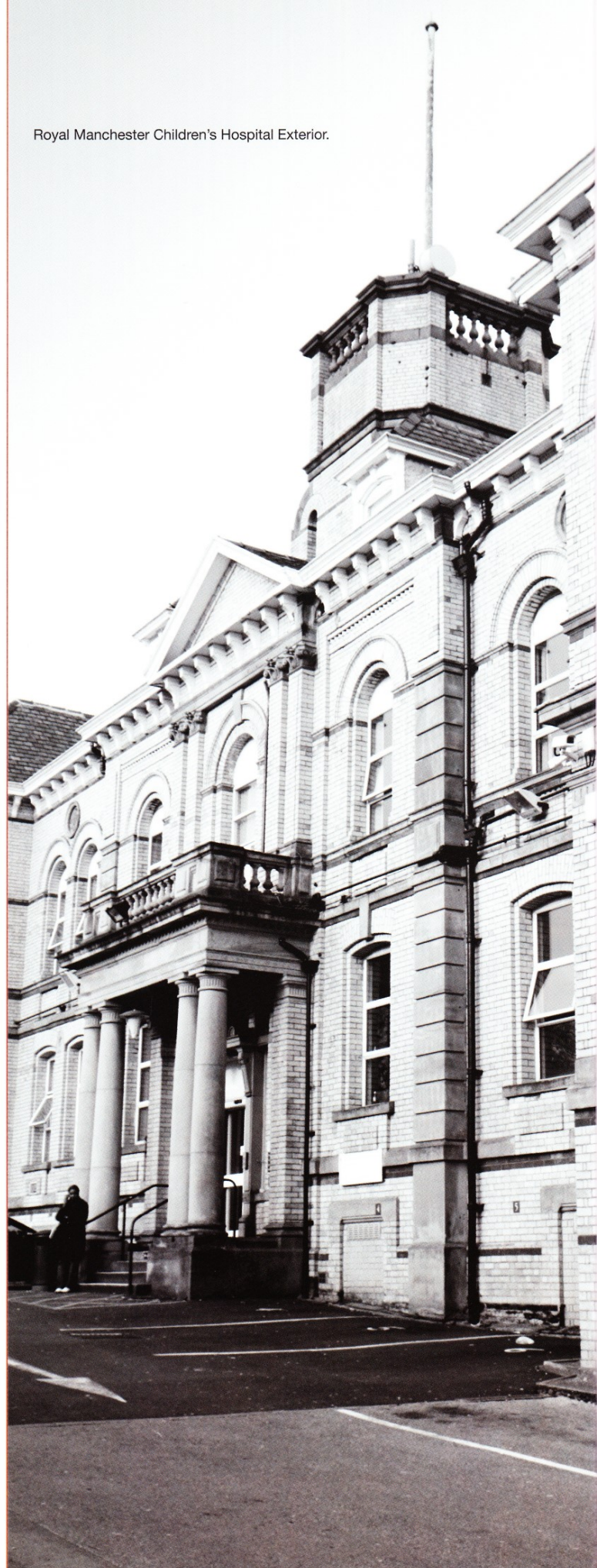
The move to Pendlebury proved very successful and to free up even more beds, the then President, Sir William Agnew, built a convalescent home at St Anne's on Sea in 1897. Much of the activity in creating new facilities in the children's hospital was supported by the new Ladies Auxiliary Fund formed in 1893, taking the place of a much smaller Ladies Committee that had been fund raising since 1859. Ladies Committees were mostly drawn from the wives of subscribers.

Dr. Henry Ashby succeeded Dr. Borchardt in 1879 and continued to develop children's services. He was a keen advocate of nurse education and became a well known authority on children's health in nurseries. With his surgical colleague, George Arthur Wright, he wrote a text on *The Diseases of Childhood* which was used until the 1930's in medical schools throughout the UK. He died in 1908 but his son, Hugh, carried on the work, firstly in Gartside Street and then at Pendlebury. Surgery had become a major part of the hospital's work, mainly at Pendlebury but with outpatient operations at Gartside Street, including hundreds of tonsillectomies. Dr. C Paget Lapage, who became honorary physician at Pendlebury in 1908, was instrumental in setting up the Department of Diseases in Childhood in 1913 at the Medical School. The first physiotherapist, Miss Maudsley, was appointed at Pendlebury in 1915.



'Diseases of Children' 1899.

Royal Manchester Children's Hospital Exterior.

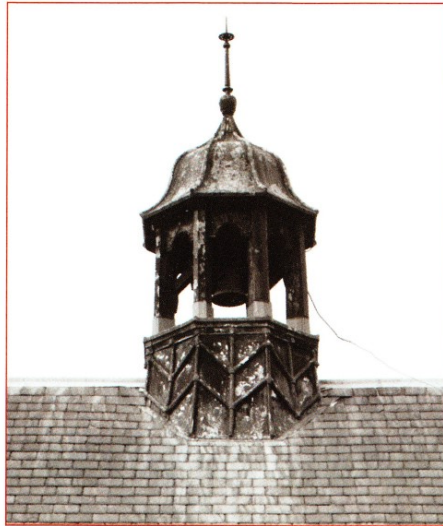


St. Mary's, Monsall, the Babies Hospital and Booth Hall

From the 1870s, Pendlebury dominated medical provision for children in Manchester but it was not the only facility. The Maternity charity, St. Mary's, had been reformed in the 1850s and had built a hospital with about 25 beds intended for children, as well as 60 for women. But the children's beds were rarely full and most of the doctors preferred to concentrate on obstetrics and gynaecology. A proposal to merge St. Mary's with the Children's Hospital was turned down by Borchardt and the governors who preferred to keep their focus on children.

However, the combination of women and children was again promoted when the Manchester Southern Hospital was developed in Chorlton on Medlock in 1866.

Forty years later, after incredibly complex negotiations, the Southern was merged with St. Mary's and two new hospitals



Bell Tower at Booth Hall Hospital.

were built: the one on Whitworth Street, in town, was for maternity; the other, completed in 1910 on Oxford Road, was for gynaecology and for children.

When Pendlebury had opened it had one ward for infectious diseases, but from 1871 the city's main 'isolation hospital' was at Monsall. It was initially a branch of the Royal Infirmary, given by Robert Barnes, but its founding had been prompted by John Leigh who in 1868 had become Manchester's first Medical Officer of Health. Around 1880 about a third of the Monsall patients were children, identified by the public health services; but Pendlebury still took some infectious cases, especially of scarlet fever which was a major killer in the 1870s and 80s. From 1896 the city council took further responsibility for public health, as Monsall was funded from city rates rather than through charity.



The garden of Manchester Babies Hospital, c.1920.



Nurses and patients, Duchess of York Hospital.

Two further medical facilities for children were added in the early twentieth century – for very different reasons, but both reflecting a rising tide of public concern with the welfare of infants and children. From the 1890s Britain felt under competition; the world leader in industry and imperial power was being challenged, by Germany and in different ways by the USA. Part of the answer was to increase 'national efficiency', including more and healthier babies – not least to populate the British Empire with Britons.

Booth Hall as a children's hospital was the product of the merger in 1915 of the Poor Law bodies which had been responsible for paupers in southern Manchester, for the city itself, and for the Prestwich district to the north. The Guardians of Prestwich Poor Law Union had built a new workhouse infirmary in 1908, which after the amalgamation was redeveloped as a hospital for pauper children, in 1915 with about 430 beds. It was the largest children's hospital in the North of England but, as a facility for paupers, it had little 'status' in the medical world. Most of the patients were long stay cases, including tuberculosis and other infectious disease, many the result of poverty. In some ways Booth Hall complemented the acute Infectious Disease hospital at Monsall; the more 'interesting' cases were collected at Pendlebury.



Catherine Chisholm
(1878-1952).

Both Booth Hall Hospital and Monsall Hospital were huge by comparison with the charity known initially as 'The Babies Hospital'. It was established in 1914 by Dr. Catherine Chisholm, the first woman to study medicine at the University of

Manchester, with the encouragement of Margaret Ashton, daughter of a major industrialist and then Chairman of the Maternity & Child Welfare Committee of Manchester City Council. Both were ardent feminists and frustrated by the exclusion of women doctors from resident posts in the major Manchester medical charities. They were concerned with babies not catered for in hospitals, and especially those with nutritional conditions. Dr. Chisholm took a particular interest in rickets. The Babies Hospital moved to Slade Lane in 1915, with 30 cots.

But these hospitals were not the only institutional sources of medical care for children. Crippled children, mostly suffering from TB, rickets or polio, had become a major object of public charity from about 1870. In Salford from 1876, they were served by the Greengate Dispensary which had begun as a medical mission, run by Dr. T D Grimke, an American merchant, philanthropist and sometime physician who combined medical care with religious services. From 1904, Greengate was more medical, with an extensive outpatient service (including adult cripples) plus a small hospital, mostly for children with severe rickets, for whom it also provided an education. Its chief backer was the Salford industrialist Sydney Frankenburg. Its leader in the Edwardian period was Dr. Alfred Mumford, an authority on child development who was also the medical officer for the Manchester Grammar School. From 1923, their 'cripples hospital' also had an open air school, in deepest Salford, run on Montessori principles. It was closely connected with the Salford Education committee, and with several local societies for the welfare of cripples, which also supported convalescent homes, mostly for children with tuberculosis – part of the general expansion of TB services after the Great War.

From the Great War to the National Health Service

The Great War enormously disrupted normal hospital services as doctors and nurses struggled to deal with the thousands of casualties brought back from the trenches. For children's hospitals there were major constraints on staffing, but in some cases the consequences were positive. At Pendlebury several of the nurses were called up for war duty, and Women House Officers were appointed in medicine. Soon after the war, a Federation for Nursing was set up; and all the hospitals were affected by the Act of 1919 which reduced nursing hours, so many more nurses were needed. They continued to be resident in their hospitals and required to resign on marriage. In 1924 Pendlebury opened a new nurses home, named for Lord Colwyn. In 1925 a new nurses home was opened for Booth Hall, and Cringle Hall was enlarged to accommodate more nurses at the Duchess of York Hospital. Nurse training in paediatrics gained recognition in 1922 through the new General Nursing Council.

The appalling loss of soldiers' lives also accentuated the appeal of a children's hospital:

'after three and a half years of the most terrible fighting the world has ever experienced, we cannot afford to lose one single child-life, which it is possible to save by medical and surgical aid'

(1917 report from Children's Hospital).

The war brought talk of creating a world fit for heroes, but any such optimism was rapidly crushed by subsequent economic depression, and especially so in the textile regions around Manchester where a recession from 1920 proved to be the beginning of long-term industrial decline. The Edwardian hey days were gone; local philanthropists were now in short supply. The major interwar donation to Pendlebury came from a London based copper smelter, Zachary Merton, whose international commercial interests helped support a spread of British charities. The major new funds for medical services came increasingly from public authorities, and especially the city councils which built on the Edwardian initiatives and considerably extended their remits, including support for charity hospitals where they served government programmes, eg for infant welfare.

For women campaigners, as for public authorities, the interwar years consolidated the pre-war advances. Once the vote was attained, many women turned to the support of public services for families. Maternity hospitals and domiciliary midwifery care were extended, as were services for infants and children, including school dinners, medical inspections and school clinics. The stress

on fresh air, first seen in the 1850s with Florence Nightingale, was further institutionalised in open-air schools for weakly children, and in the sun-verandahs on new hospital buildings, including Booth Hall Hospital. The healing powers of nature were extended by technology in the form of sun-ray treatments, available in some hospitals from c1900 but routine for feeble children by the interwar years. The expanding resources for the treatment of tuberculosis were exemplary in many ways – for the extension of local authority services, for the stress on nature, new technologies, and for the development of specialist consultant medical services including surgery for bones and joints.

Booth Hall Hospital grew substantially after the war, with patient numbers doubling between 1920 and 1924, and with average length of stay falling from c 80 days to about 50. After 1929, the national Poor Law system was ended and responsibilities transferred to town and county councils. In Manchester, the big former poor law hospitals (Crumpsall, Withington and Booth Hall) then came under the public health committee of the city, along with Monsall and the municipal clinics and domiciliary services. But the stigma of pauperism was not easily removed and Booth Hall seems not to have been popular at that time with parents. It is noteworthy that even after 1930, when it owned Booth Hall, the Manchester city council continued to support 20 cots at Pendlebury. However, Booth Hall was to become a legend for children's services.



Zachary Merton Unit, Royal Manchester Children's Hospital, 1935.

The Manchester Babies women-run hospital, finally settled in Cringle Hall, Burnage in 1920, where 50 cots were available. In 1935, it was renamed the Duchess of York Hospital for Babies, having added an operating theatre, X-ray department, massage, later to be known as physiotherapy, sunlight treatment and a laboratory in which to extend the bio-chemical, bacteriological and pathological tests. The hospital was very child-orientated, with child-sized furniture and appropriate fittings. Until the NHS in 1948, it remained a flagship women-run hospital and its child-friendly practices became nationally influential, not least through the government report on children in hospital, published in 1959 by a committee chaired by the Manchester orthopaedic surgeon, Harry Platt.



The Manchester Babies Hospital at Christmas, c.1920.

Pendlebury, which in 1923 became the Royal Manchester Children's Hospital, gained a new convalescent home in 1936, courtesy of Zachary Merton. It still had a big convalescent hospital by the sea at St Annes, but the additional facility was on the main site and much easier for doctors to visit. The increased specialisation of medicine and surgery, in part a consequence of American models and war time experience, was evidenced in the appointment of consultants for neurosurgery and orthopaedics. The latter was Robert Ollerenshaw whose family became great supporters of the hospital. In 1935 Mr. Ollerenshaw put together a fund raising Centenary Gift Book, including a poem specially composed by Rudyard Kipling. (See Appendix)



Booth Hall Hospital.



Wingley Ward with chimneys at Royal Manchester Children's Hospital.

The widening of medical concerns and the growth of paramedical services was also evident. A speech clinic was established under a Mr. Hodgkins, together with a new Psychological Clinic; Dr. W. Mary Bunbury became the first Honorary Psychiatrist. An educational psychologist and a psychiatric social worker followed. The average stay in the hospital in the 1930s was about two weeks, but many children stayed much longer. Those with respiratory conditions were nursed in steam-tents and oxygen tents, and steam-sterilisation was common on the wards.

Most of the medical work with children was still done by doctors who made no claim to be specialists in children's diseases. They were general physicians or surgeons. But some doctors saw children as their particular interest, and especially the normal and abnormal patterns of growth and development which attracted much scientific attention in the decades around 1900. In paediatrics, as a medical specialism, Manchester's reputation had been carried by the Ashbys, father and son, who had served as physicians at Pendlebury. In the 1920s paediatrics became organised nationally, though limited to a few special hospitals in London and the major provincial centres. The important journal *The Archives of Disease in Childhood* was first published by the BMA in 1926 and it recorded the events of the British Paediatric Association's first AGM in Windermere in 1928. At Manchester medical school, though a Department of Diseases of Childhood had been established in 1913, it was not considered to be a stand-alone section for medical training and examination, and few questions on paediatrics were ever asked in the final examination in medicine.

This emphasis on specialisation was characteristic of the period. When in the 1930s Manchester City Council looked to increase the quality of its municipal hospital services, that usually meant following the example of charity hospitals and appointing consultants, rather than relying largely on residents who were essentially generalists. But in the municipal hospitals, the new consultants would be paid, whereas in the charity hospitals they remained for the most part honorary (except where services were

funded through government, in which case they got a share of the proceeds). During World War II, Booth Hall Hospital was able to include Dental Surgery, Plastic Surgery and Thoracic Surgery amongst its specialities, whilst Pendlebury was developing its Radiology and ENT Surgery, along with Pathology and better facilities for post-mortems.

Such developments tended to bring municipal hospitals alongside the charity hospitals, and in Manchester a Joint Hospitals Board was established in 1935 to help co-ordinate such appointments and to help plan future services. The remarkable success of this collaboration was partly due to the leaders of the medical school, including Sir John Stopford and Sir Harry Platt, who combined national eminence with an intense concern for the development of local services. They worked well with the local authorities and the Medical Officers of Health, and with the teaching and other charity hospitals. The work of the Joint Board continued through the war and became a reference-point in the national discussions which led to the NHS. Indeed the leadership and the spirit of collaboration carried forward into the Manchester Regional Hospital Board, formed in 1948 as part of the NHS and headed by John Stopford. These Manchester developments contrasted strongly with the antagonisms between the London County Council and the charity hospitals of the capital.

BYE-LAWS

FOR THE MANAGEMENT
OF THE
ROYAL MANCHESTER
CHILDREN'S HOSPITAL

Hospital :
PENDLEBURY, MANCHESTER.

Out-patients' Department :
GARTSIDE STREET, MANCHESTER.

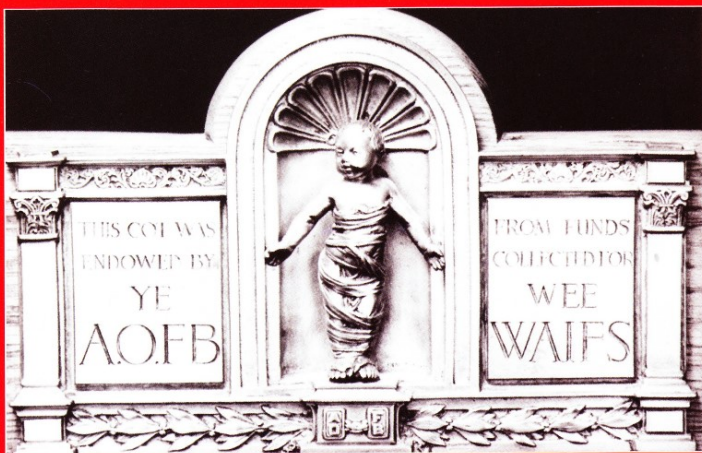
Sea-side Home :
LYTHAM ST. ANNES.

Approved and adopted by the Board of Governors, 16th
September, 1935, and ordered to be printed.

Bye-Laws, Royal Manchester Children's Hospital.



Meal time at the Duchess of York Hospital, 1930s.



Wall Plaque above a cot, Royal Manchester Children's Hospital.

For a fee of £500, donors could endow a cot in order to commemorate a loved one's name. This practice continued until the hospital was incorporated into the National Health Service.

World War II and the coming of the National Health Service

The medical services of the Great War were improvised, but those for World War II were planned, including the removal of some city services to the countryside. For the duration of the war, and excepting a few babies too ill to travel, the Duchess of York Hospital moved to Calderstones Hospital, an asylum for the mentally handicapped, in the Ribble Valley; but a surgeon, Mr. McCrea, was killed in an air raid at the Duchess. Pendlebury suffered minor damage in the raids of 1940, as did several other local hospitals. In all of the hospitals large air raid shelters were built and wards were sandbagged.

During the war, the Joint Board considered several medical fields in which co-ordination of services seemed essential to local progress, including paediatrics. In 1942, the Royal Infirmary, St. Mary's and Pendlebury proposed an Institute for Child Health, and the following year Pendlebury proposed a professorship of paediatrics in the medical school. The proposed chair attracted financial support from most of the local authorities in Lancashire and Cheshire, including Manchester and Salford, and also from the Manchester and Salford fund which collected workpeople's contribution for hospitals; it was remarkable evidence of region-wide collaboration. But by 1947 when Professor Gaisford was appointed, the National Health Service was being planned, in which all hospitals, whether charity or municipal, would come under national ownership and regional control. It would be within the new NHS that Stopford, Gaisford and their allies would try to make four very different hospitals into the core of a regional paediatric service. It was to take sixty years to realise that aim, during which the concerns of paediatrics altered greatly.

Already by the 1950s, it was commonly argued that medicine had changed, and perhaps especially for children. This was not just a matter of salaried staff and the spread of consultants across all major hospitals, including smaller towns as well as the cities; nor was it just the result of extended welfare services, better diets and public housing which were expected to reduce the effects of poverty and inadequate accommodation. It was also the consequence of more technical advances, and especially the antibiotics and vaccines which seemed to be conquering the infections which had been such a common feature of childhood and often had long term consequences. The new frontiers in paediatrics, it seemed, would be congenital disorders, metabolic problems and cancer; and specialist services would take over some of the spaces built for convalescence.

From around World War II, thanks largely to the salaried posts provided by the NHS, paediatrics grew rapidly and diversified. On Catherine Chisholm's retirement from the Duchess of York



Hospital, Professor Gaisford took control there – the first male to hold a senior post in that hospital, and the Manchester Paediatric Club was founded the next year. Dr. Chisholm was a key member. Previously she had run a Paediatric Group linking women doctors with child welfare workers. She was a founder member of the Medical Womens Federation and later became President; she was also a member of the British Paediatric Association, Chairman of the Manchester Division of the British Medical Association 1938-39, President of the Manchester Medical Society 1943 and President of the Manchester Paediatric Club 1950. The Section of Paediatrics in the Manchester Medical Society however was not established until 1965, when Dr. Aaron Holzel gave the inaugural presidential address.

When the NHS was introduced, it was clear that the pattern of children's hospitals serving Manchester did not fit the structure of the new regional organisation, but there was no money for new buildings. The central hospitals had a small children's unit at St. Mary's, but the main services were at the Royal Manchester Children's Hospital, Pendlebury (RMCH), Booth Hall Hospital for Sick Children, and at the Duchess of York Hospital. These complemented each other in terms of functions, but were administered by different hospital management committees. Pendlebury came under Salford; Booth Hall and the Duchess of York Hospital were initially grouped with Monsall – the isolation hospital. From 1974, the Duchess of York Hospital, which was in Burnage, was part of the South Manchester group.

In connection with the national *Hospital Plan* of 1962, schemes were once more devised to concentrate paediatric research into an Institute of Child Health on the central Manchester site, but in fact research remained dispersed, along with the services and teaching. Even so, paediatricians came to play wider roles in the medical school, for example, Robert Boyd (St. Mary's and Booth Hall), Tim David (Booth Hall) and Ian Houston (RMCH), mostly in the 1980s and 90s. Nor did the difficult geography of the regional services prevent the development of new paediatric units in general hospitals. The expansion of Wythenshawe Hospital in the early 1970s included purpose-built mother/child rooms, though no play area. The relocation and new build for Duchess of York at Withington Hospital in 1991 and the Stepping Hill Hospital unit built in Stockport in 1999 are later examples, notable for their child-friendly designs.

St. Mary's Hospital

Professor Gaisford set up his academic department at St. Mary's Hospital now linked with the Manchester Royal Infirmary and the Eye Hospital as part of the United Manchester Hospitals, the teaching hospitals which reported, not to the Region, but directly to the Ministry of Health. Gaisford taught about the care of newborn and immunisation. He fought long and hard to achieve a separate final examination in paediatrics, but did not succeed until the late 60's. He attained national notice through his research with Dr. Peggy Griffiths on the safety and effectiveness of BCG vaccinations of the newborn. He tried to improve the opportunities



Theatre staff at the Duchess of York Hospital.

for teaching and care at St. Mary's but eventually moved his academic base to Royal Manchester Children's Hospital. Students who were studying paediatrics worked in all four centres – Duchess of York Hospital, Booth Hall Hospital, St. Mary's Hospital and Royal Manchester Children's Hospital. By the late 1970's intensive teaching and examination of students also took place at Wythenshawe Hospital, newly recognised as a full teaching hospital. Students also had residential attachments in district paediatric units across the North West.

Pendlebury Hospital

Some of Professor Gaisford's other interests, including paediatric oncology, found their base in Pendlebury. Indeed, Gaisford's inauguration of the Manchester Children's Tumour Registry, in association with Edith Paterson at the Christie Hospital, became a model for the world. Under Pat Morris Jones and Tim Eden, the RMCH was to become a national centre for paediatric oncology, including chemotherapy and bone marrow transplants; the service remained closely linked with the Christie cancer hospital in south Manchester – another example of success in spite of awkward geography.

More generally, specialist fields developed strongly from the 1950s, including developmental studies, cardiology, neurology and orthodontics. George Komrower, who had come to Manchester in the 1930s, was a pioneer in the recognition and treatment of inherited metabolic disorders. The biochemical genetic unit was set up in 1961, and expanded after 1969 when the Manchester Regional Hospital Board introduced their Regional Newborn Screening Programme for Phenylketonuria (PKU) with Dr. Sardharwalla at the helm. The Unit was later named the Willink Biochemical Genetics Unit and became a Supra-Regional Service. Dr. Aaron Holzel was a leader in cystic fibrosis, another inherited condition.

Dr. Neil Gordon had served in the forces during World War II and came to Manchester in 1958 as the first paediatric neurologist, a post he held for 25 years, receiving the James Spence award in 1985. He played an important part in widening the field of paediatric neurology, looking into chronic handicaps, cerebral palsy, epilepsy, language disorder, clumsiness and emotional problems. In collaboration with Dr. Robert (Bob) Mackay and Dr. George Komrower, he was one of the first paediatricians in the United Kingdom to set up a comprehensive multidisciplinary assessment centre (named for Drs. Gordon and Mackay). The pathology service, long headed by Basil Marsden, was crucial to these clinical developments, not least to the cancer register – on which subject Dr. Marsden was a world expert. Pendlebury was also an important centre for surgery. In 1956, Mr. Ambrose Jolley was appointed there – the first paediatric surgeon in the northwest region solely concerned with children.

From around W.W.II, the psychological aspect of child medicine began to get more general attention, including the effects of hospitalization on children, whatever the diagnosis. Pendlebury developed a strong reputation in child psychiatry; it was also at

the forefront of the movement for organised education. Play services was another innovation, begun locally in Wythenshawe in the early 70s, partly achieved through the pressure group now called Action for Sick Children. The group was created by mothers who had seen the television films produced by James Robertson, exposing the distress of children separated from their mothers. It lobbied to carry out the recommendations of the report on *The Welfare of Sick Children in Hospital* published in 1959 by a national committee chaired by the Manchester orthopaedic surgeon, Sir Harry Platt. Their suggestions have become the commonplaces of recent paediatrics but they were directly at odds with previous medical and nursing opinion which did not encourage parents to spend time in hospital with their small children, still less to stay overnight.



Sir Harry Platt.

Booth Hall Hospital

As we saw in Chapter One, Booth Hall had been a municipal hospital, taking children from aged from 0 to 16 years for all conditions except acute infectious diseases (which were sent to Monsall). Many of its patients were products of poor urban conditions, and as standards of child health improved between the wars, inpatient numbers had tended to decline. After W.W.II (as before), the hospital dealt with many polio cases, which were admitted once the infectious phase had passed and for which it had developed remedial gymnast services then becoming physiotherapeutic facilities. Polio, however, was exceptional; infectious diseases and their aftermaths no longer seemed a major problem and the services of Booth Hall might have further reduced, as was the case for sanatoria and isolation hospitals. But technological and therapeutic advances changed these expectations and specialists found new uses for their skills and facilities. Orthopaedic surgeons, for example, became less concerned with tuberculosis and more involved with the correction of congenital abnormalities and the consequences of cerebral palsy and neuromuscular disorders. Mr. Cornelius Cullen, one of Harry Platt's protégés, was a leader in this service and a senior orthopaedic consultant to the North Manchester Group and to Booth Hall Children's Hospital.

In the 1950s and 1960s, Booth Hall Hospital also focused on some of the non-infectious dangers which had long been present but were now more conspicuous. Large numbers of children were still being burned and scalded by accidents in their own homes, and many had been treated at Wythenshawe Hospital where plastic surgery had developed during World War II. In 1953, Booth Hall built a new Paediatric Regional Burns Unit staffed by a general physician, a general surgeon, an orthopaedic surgeon and a plastic surgeon, plus a large nursing team to deal with the very intensive patient care. Staff from Booth Hall vigorously promoted a series of child safety campaigns, and the regional Poisons Information Centre (founded at Booth Hall in 1962), tried to raise awareness amongst parents of the dangers posed to children through discarded medications in the home.

In 1968, a psychiatric unit was added to Booth Hall as a direct response to calls from the juvenile courts. It contained 22 beds, consulting rooms, a teaching block and gymnasium. The hospital also developed outpatient psychiatric facilities and became a regional provider of services. In that same year, a new kidney transplantation and dialysis unit was opened for children whose kidneys had been damaged by fire, accident or disease. The Manchester University renal clinician, Geoffrey Berlyne, a pioneering nephrologist in the 1950s, supported the early work at Booth Hall, and their director, Mr. S. J. Cohen, worked closely with the University and the Infirmary in this uncharted medical territory.

Throughout the 1980s and 1990s, Booth Hall intensified links with the University of Manchester and its Medical School, developing research programmes and new treatments in neurosciences, mental health, and plastic surgery, including cleft lip and palate surgery, as well as providing new specialty services in respiratory medicine, urology and genetics. The hospital also became a lead centre for paediatric intensive care, with the Paediatric Emergency Transfer Service bringing patients from across the North West, and beyond.

The Duchess of York Hospital

Dr. Chisholm, the founder of the hospital had an international reputation, not least for what became 'community paediatrics'; and she was well regarded at the Medical School. She had looked forward to the NHS but the new regime did not fit the Duchess of York Hospital, partly because it did not discriminate as to the gender of doctors. When Dr. Chisholm retired in 1947, her replacement as senior consultant as we have noted was the new Professor Gaisford. He shared many of Dr. Chisholm's interests, but perhaps inevitably, he spent most of his hospital time at Pendlebury, which was much larger. Dr. Sylvia Guthrie worked on at the Duchess of York, a fine representative of the women's tradition in children's medicine which in its social and psychological emphases was so much wider than contemporary male paediatrics

Dr. Holzel, who had come to England in 1938 after qualifying in Prague in children's medicine, joined Professor Gaisford in Manchester in 1947, and worked as a consultant at the Duchess of York Hospital, on the effects of milk and infant diarrhoea, but he moved on to Booth Hall Hospital in the mid fifties; that was his main base when he was appointed to a chair in 1971. Though Sylvia Guthrie tried very hard, it was becoming more difficult to justify a small separate hospital in a conurbation that had three other paediatric units as well as facilities in the newer general hospitals. The Duchess of York Hospital doctors, now largely male, became reconciled to a concentration of services, but the Duchess of York Hospital commanded huge public support.

For South Manchester, the problem was solved by moving the Duchess of York service to Withington in 1986 – as the children's unit of the expanding new teaching hospital. Those who regretted the end of a hospital where women doctors had set national standards for children's nursing, could take comfort in the transfer of the name, and in the fact that the Platt report (1959) on

children's nursing had broadcast the principles of child care which Harry Platt seems to have learned, in part, from Catherine Chisholm and Sylvia Guthrie.

The Duchess of York Hospital had also been a base for investigation of child sexual abuse, on which Dr. Nesta Wells, who was also a police surgeon, had published in 1939 the first account in British medical literature. Dr. Basil Wolman, the long serving Chairman of Booth Hall's Medical Committee, continued in this field in the 1960's and also served on a Health Department Committee looking into adoption and fostering. He suggested that there should be a paedophile register and a 'children at risk' register. The first multidisciplinary committee to deal with child protection was initiated at St. Mary's Hospital by Professor John Davis in the early 70's. He chaired this committee until leaving for Cambridge in 1975 when Dr. Frank Bamford succeeded him. Following later changes in the law it became the statutory child protection committee on non-sexual abuse. The orthopaedist Mr. David Lloyd Griffiths published a joint paper in the 1960s in the *British Medical Journal*, describing non-accidental injuries in infants brought to the accident room at the Manchester Royal Infirmary.

Professor John Davis had succeeded Professor Gaisford in the Chair of Child Health in 1965. In London he had helped to establish the Hospital At Home scheme and in Manchester he helped consolidate and expand the special paediatric services, some established under Gaisford, including cardiology, haematology, gastroenterology and neurology. He also established an excellent neonatal service, subsequently developed further by Professor Malcolm Chiswick and colleagues. Tertiary neonatal services were also established at Hope Hospital.

Alongside these developments Drs. Watson and Mann led the field in the growth of services with children suffering from cystic fibrosis. Professor Dobbing was well known for his research into brain function, Professor David Taylor was a national figure in child psychiatry, Dr. Evans in haematology and Dr. Pat Morris Jones and Dr. Dorothy Pearson inaugurated huge advances in paediatric oncology.



Patients at Royal Manchester Children's Hospital.



Royal Manchester Children's Hospital Ward, 1950s.

Nursing Children in Postwar Manchester and Salford

Under the new NHS, Manchester and Salford had four centres of varying sizes contributing to paediatric nursing. The training at Pendlebury in the 1940's was for three years for the Registered Sick Childrens Nurse qualification. By the mid 50s, there were combined SRN/RSCN training courses which took four years. The School of Nursing at Pendlebury was then based at Jenner House near the hospital, and all training combined classroom work with work on the wards. Booth Hall Children's training ran along similar lines, with a nursing school inside the hospital. The Duchess of York Hospital gave paediatric experience to nurses on the Ancoats Hospital Nurse Training programme but did not have a specialist paediatric programme of its own.

Many of the more recent changes in nursing have centred on the development of degree programmes, in which Manchester University has played a leading role. In 1959 nine nurses embarked on the first University nursing course at Manchester University, and in 1973 the University established its own Department of Nursing, where Jean McFarlane soon became the first Professor of Nursing in England. The 1990s saw major reorganisation of nurse education and with Project 2000 all nurse education transferred to universities including training for those who wished to become children's nurses. The Manchester University Department of Nursing has an outstanding record for research, and the local Child & Family Health & Social Care Research team, established in 2004, was led by the first Professor of Children's Nursing in Manchester, Peter Callery.

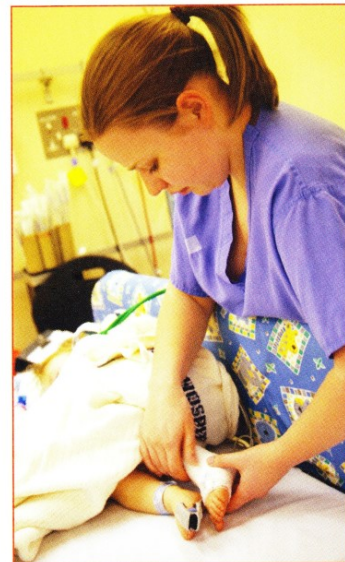
In 1990 the Royal College of Nursing published their internationally influential Paediatric Nursing Standards. The chairperson of this working group was Anne MacDonald, as Director of Nursing at the Royal Manchester Children's Hospital and Booth Hall Hospital. These hospitals also joined in the work of the standard-setting group, and were the first children's hospitals to establish a new paediatric nursing model. Dawn Clarke continued this work and wrote about it extensively.

Anne MacDonald also established the Family Support Service at Pendlebury, another first in the country: two nurses were employed full time to support families and look after the needs of parents. Pendlebury received

a first prize for this project from the *Health Service Journal*. With David O'Neill as manager and Anne MacDonald at Director of Nursing, Pendlebury was also awarded the Calouste Gulbenkian Prize in the Children's Quality Group, part of the Quality Movement. Through her extensive work on standards and involvement in the Allitt Enquiry, Anne MacDonald received an OBE for services to children.

Nursing was a key component of the Day Unit for surgical treatment established by Booth Hall Children's Hospital in 1988, in an effort to reduce stress of hospital visits for young patients and their families. Another achievement in paediatric nursing was having the first paediatric Macmillan nurses, one being Alison Horner.

Further recognition in nursing came through the secondment of Mrs. Rebecca Howard, Director of Nursing (after Anne MacDonald) to the Department of Health to advise on children's nursing.



Nurse with patient in recovery, 2000.



Nurse and patient, Royal Manchester Children's Hospital, 1960s.



Nurse with mother and patients, 2005.

Greater Manchester Paediatrics from the 1974 NHS reorganisation

From 1948 to 1974 the NHS developed enormously in terms of expertise and treatments, but its organisational structures were stable. There was some rearrangement of hospital districts, but for the most part the initial organisation worked well. The pressure for reorganisation came less from new problems than from a continuing ambition to solve the problems of service division which had seemed insuperable in 1948.

In the reorganisation of 1974, most of the clinic and public health functions of the city and county councils were transferred to new Area and District Health Authorities which also controlled the local hospitals and were meant to co-ordinate the GP services that hitherto had been organised separately. The old tripartite service was now supposed to be unified, fully including the teaching

hospitals which previously had reported directly to the Ministry of Health. In Manchester, there were District Authorities for North, Central, and South, plus an Area Health Authority over the three districts (which led to much confusion). Salford was a single district Area.

The reorganisation helped the expansion of paediatrics by linking hospital services with the clinic and domiciliary services formerly run by the city council. The training of medical students to become experts in helping children was extended beyond the hospitals to include welfare clinics, home nursing and midwifery; and neonatology became an important aspect of paediatrics. Many more doctors were attracted to the speciality and children's nursing was flourishing. All the paramedical disciplines, such as physiotherapy, were training staff to work with children and play was being increasingly used to support and help in the cure of sick children. That the 1974 reorganisation boosted 'consumer power' through the setting up of Community Health Councils in each district proved a useful vehicle for activists who wanted to reduce the differences between children's hospitals and the normal life of the children.

As we have seen, a pressure group had been established to help professionals carry out the recommendation of the Platt report. A Mother and Child Unit had been created at Pendlebury in 1965, and from 1973 the new unit at Wythenshawe was full of mothers with their sick children. By the 1980s most hospitals had designated paediatric units, and what was then the National Association for the Welfare of Children in Hospital (NAWCH) had gained considerable influence across the country. In 1974, across the UK, there were 52 Community Health Councils (CHCs) with a NAWCH member. Pamela Barnes, an Australian teacher who had become a national leader in NAWCH, was elected Chairman of North Manchester CHC in 1979. NAWCH would continue to help raise the profile of paediatrics with the production of some excellent printed material, including the first standards – the NAWCH Charter. And as some services for children moved from hospitals into the community, NAWCH became known as Action for Sick Children.

But neither the national reorganisations nor the development of new teaching hospitals in Manchester and Salford did much to solve the persistent political-geographical problems of paediatrics in Manchester and Salford. There were now children's hospitals in the Central Manchester (teaching) district; and in the South Manchester (teaching) district, where Wythenshawe had a thriving district service for children. Booth Hall was in North Manchester (non Teaching district); and in Salford, the main children's service, at Pendlebury, was some distance from the new teaching hospital (Hope).



Professor Houston demonstrating new dialysis equipment, 1979.



Prof Sir Robert Boyd and Joan Woodward at Manchester's Lord Mayor Reception 2009, for Action for Sick Children.

After Professor Davis left in 1975, Professor Ian Houston and Professor Robert Boyd, from different hospitals, shared the role of departmental head. Although they enjoyed working together, this did not seem to be an ideal model on which to build up a united department. Members of the Department were then working at eleven different sites, and the absence of a clear headquarters made it

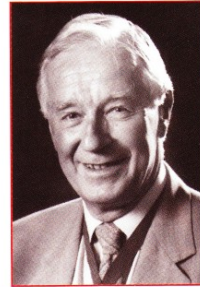
difficult to overcome the protectionist rivalries between hospitals and between some of the specialisms.

Professor Houston had carried out much of his paediatric work around Manchester, and was a leader in the field of nephrology. Professor Boyd had come from UCL and found the Manchester scene a real challenge, through with enormous potential strengths. They worked hard to run a common programme in paediatrics in spite of the difficult geography and local tensions. Professor Boyd established a placental research group potentially addressing some of the enormous load of child ill health determined before birth; now led by Professor Sibley. The Research Group is the largest in Europe. Excellent teaching was maintained thanks to the support of committed colleagues throughout Greater Manchester and the wider North West, including amongst many others, Anthony Robinson at Wythenshawe, John Burn at Bolton, John Owens at Macclesfield and Geoffrey Feldman at the Duchess of York. Tim David at Booth Hall and Tony Price at Pendlebury also played critical roles. Students in their fourth year benefitted greatly from placements at district hospitals, some as far afield as Barrow, Kendal and Blackpool.

After a short research visit in the States, Professor Boyd came back to take on the role of Dean of the Medical School in 1988, subsequently becoming Chair of Manchester Health Authority. Professor Tim David, with an especially strong record in clinical paediatrics, was appointed in his place in Child Health. Professor Boyd retrospectively comments that his involvement in wider Medical School matters was perhaps to the detriment of his duties in paediatrics; but a major curricular reform for medical students was successful, and Manchester subsequently achieved the highest possible score in national teaching Quality Assessment. The unitary School of Biological Sciences then established has become one of the outstanding features of the University's research.

Professor Houston recalls that in his early years of working in Manchester, a hospital was a community because staff "lived in". It was easy to have peer support and to know your patients well. Long respected seniors were also important; Dr. Basil Wolman, for example, was a tremendous life giver to Booth Hall Hospital. Dr. Sylvia Guthrie played an important part supporting women doctors, and after reorganisation in 1974 more and more women were attracted to paediatrics.

Professor Houston moved beyond paediatrics to become Regional Postgraduate Dean in 1990, six years before his retirement in 1996. His haemodialysis unit at Booth Hall Hospital, the first in the country for children, was overseen by a very capable nurse, Dilys Dwyer, but the service had the challenge of being run on two sites. Dr. "Bob" Postlethwaite (long a Manchester leader in paediatric services, not least for the vision of a single specialist hospital) took over the mantle of nephrology, which has remained



Professor Ian Houston.

a strong speciality in Manchester for children. Professor John Dobbie received international acclaim for his research work related to growth nutrition and brain development, on which he worked closely with Professor Davis. Professor Dobbie had been successful in acquiring a major endowment from the National Fund for Research into Crippling Disease which also enabled the Placental Research group to get off to a strong start.

At Pendlebury, Dr. Sardharwalla became the first director of the Willink Biochemical Genetics Unit. "Immie" as he was known, encouraged close links with colleagues in clinical genetics. After Professor Ed Wraith returned from a time in Melbourne, Australia, training in Genetics and Metabolic Medicine, he joined the Willink and became a leading figure in research into Lysosomal Storage Disease.



Willink Biochemical Genetics Unit.

Professor Dian Donnai came to Manchester in the mid seventies after securing a post in genetics. She was able to work with Professor John Davis and Professor Malcolm Chiswick for two days a week although her post was in the Department of Genetics, led by Professor Rodney Harris, an adult physician and a national leader in establishing Clinical Genetics. She had the first senior registrar post in that discipline; now there are 200 such posts available in the country. She set up the first genetic family register and service and the first training programme for genetic counsellors in Europe. She also founded the *Dysmorphology Journal* in 1992 to advance the study of the patterns and causes of birth defects.