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Arch. Dis. Child. 2009;94;173-177
doi:10.1136/adc.2008.152512

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“What is wrong with emotional upset?” – 50 years on from the Platt Report

Sydney Brandon,¹ Mary Lindsay,² Jean Lovell-Davis,² Sebastian Kraemer³

James Spence deserves great credit for his work with mothers and babies and his contributions to our understanding of “the purpose of the family”,¹ but he was not the first to recognise the need for mothers to nurse their own infants. Perhaps the most remarkable of his predecessors never seems to have received credit for his vision and common sense. James H Nicoll, Surgeon of the Western Infirmary and the Royal Hospital for Sick Children, Glasgow, gave a paper to the Section of Surgery of the 77th Annual Meeting of the British Medical Association in July 1909.² Drawing on his experience of some 9000 operations on children, he advocated that whenever possible children under 2 years of age should be treated as outpatients. After operation without a mother, he said a child was “all over the bed” and “if splinted his crying and struggling put fresh strain on his sutures”. He concluded that the small child would “do best in their mother’s arms, and nest there more quietly on the whole, than anywhere else”. Perhaps more surprising to the contemporary reader, however, is Nicoll’s statement:

“for seven years I have had a small house, near the Glasgow Children’s Hospital, for the accommodation of young infants and their mothers. The mothers are catered for, and themselves nurse their infants. My experience of the cases so treated has been such as to make me confident in the opinion that no children’s hospital can be considered complete which has not, in the hospital or hard by, accommodation for a certain number of nursing mothers whose infants require operation”.

During World War I at the instigation of Miss Geeta Rowell, recently returned

to Newcastle from Italy, an anonymous donor purchased a house on West Parade in Newcastle and gave £500 to equip it and repair the drains. This was to become one of the earliest day nurseries in the country with Miss Rowell as its honorary secretary until her death in 1935. Among early innovations was the night nursery for mothers on night shift and, after unsatisfactory experiences with domestics, the employment of unmarried mothers as maids. Thus the latter not only absorbed skills in infant care but were able to sell their surplus milk to the nursery at 6 d per pint (approx £0.08 (or €0.10) per litre in today’s money). However, the first medical officer, who was a local general practitioner, in his 1918 report reviewed the examination of 146 infants during the year and in view of their poor physical state concluded “children need care and attention as well as love”. Indeed, throughout the next 30 years or more “mother’s love” was taken for granted and ambivalence and rejection were rarely recognised because they were incompatible with contemporary views on the nature of mothering. This made it virtually impossible to recognise physical abuse by parents or for many to accept the concept of attachment as a process influenced by events rather than an instinct.

The Newcastle nursery served as a community resource and an education centre for poor mothers, but the need for the scientific study of the investigation and treatment of feeding disorder became more evident as the pressure for nursery facilities diminished. James Spence was first associated with the babies nursery in the early 1920s. By 1923 there were 10 beds for children suffering from malnutrition and the following year he was appointed honorary consulting physician to the nursery. Gradually he began to admit more sick babies for investigation or treatment and although Miss Rowell watched this change with great apprehension she was unswerving in her support.

As this has been the 50th anniversary of the Platt Report, *The Welfare of Children in Hospital*, it is important to remember the attitudes to children’s needs that prevailed up to that time, and beyond. In November 1986 the late Sydney Brandon (1927–2001) spoke at the 20th anniversary Conference of the National Association for the Welfare of Children in Hospital (NAWCH, now Action for Sick Children) founded in the wake of Platt. Professor Brandon’s talk “Children in Hospital”, which spanned the history of childhood illness from ancient times, has been abridged and edited by Sebastian Kraemer and is published here for the first time, with comments from Dr Mary Lindsay FRCPsych, Hon FRCPC, one of the child psychiatrists involved in the early studies of children in hospital, and from Lady Jean Lovell-Davis, Hon FRCPC, formerly Director of NAWCH. These extracts describe the immense resistance in Britain to having mothers stay with their children in hospital, including battles between two men in particular, both of whom agreed in principle: the paediatrician Sir James Spence and the researcher and social worker (later psychoanalyst) James Robertson.

In June 1925 a room was adapted and furnished to accommodate a mother with her baby in order to re-establish breast feeding. From then on accommodation for mothers was always available and the name was changed to the Babies Hospital and Mothercraft Centre. The Objects of the Hospital were stated in the 1926 Annual Report as

1. To provide hospital treatment for babies suffering from diseases and disorders of nutrition,
2. To provide opportunities for research into the means by which the prevalent diseases and mortality among infants may be prevented,
3. To teach the principles of the care and treatment of infants,
4. To train girls in the care of infants.

The child was still largely seen as subordinate in rights and needs to the parents. Spence saw parenthood as an opportunity for personal growth and to some degree idealised the role of mother. His experience of mothers coping in the most adverse circumstances convinced him of the strength and effectiveness of the mother’s feelings in caring for and

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protecting her child. Children were occasionally passed to others for care so that the mother of an illegitimate child or one abandoned by her husband might hand the child to its grandmother or another relative. Children totally deprived of family care were less visible. The increasing confidence of the hospital-based professions during the first half of the 20th century led to a progressive exclusion, and even deskilling, of the mother in the care of her sick child.

In 1949, when the Central Health Services Council first urged visiting for children, only 130 out of 1300 hospitals allowed daily visiting. However, in June 1950 the British Federation of Women's Institutes Annual Meeting moved the motion "This meeting deplors the fact that in some hospitals mothers are not permitted to visit their children, and asks Committees to allow visiting in agreement with doctors and nurses". In early 1951 Mrs Honor Earl, niece of Somerset Maugham and a popular portrait painter, began a campaign for more frequent visits from parents to their sick children; she had been disturbed by her ability to identify those of her child sitters who had experienced hospital admission. Over several years she attracted much publicity to her cause and by 1953 only 75 hospitals (other than fever hospitals) totally banned visiting of children.

In the USA René Spitz (1887–1974) turned his psychoanalytical insights to the study of mother–child separation and became a pioneer of direct observation and photography as a means of studying infant–mother interaction. His film "Grief, a peril in infancy"³ traces a child's experience of separation and his paper on "hospitalism"⁴ appeared in 1945 and laid the foundation for much later work.

The United Nations Social Commission decided in April 1945 to make a study of the needs of children homeless in their native country (ie, not refugees). In January 1950, because of his studies published in the 1940s,^{5,6} Dr John Bowlby was appointed by the World Health Organization to study the mental health aspects of the problem. In 1951 his work was published as the 2nd WHO monograph *Maternal care and mental health*.⁷ He concluded that only as a last resort should an infant or young child be removed from their mother. His views had a great impact on the general public but were often labelled as "extreme" or even erroneous by fellow professionals.

James Robertson was a Quaker and conscientious objector who worked as a boilerman in Anna Freud's wartime nursery

during World War II. There he learned, with all other staff, to make systematic written observations of children (he later trained as a social worker and then as a psychoanalyst). In 1948 he was appointed by John Bowlby to the Tavistock Clinic in order to study the reactions of young children to separation from their mothers. He observed children in both acute and long stay wards on the basis of which he produced his classic description of the three stages of response to separation: protest, despair and denial (later called detachment). The conviction of those who worked with children that their wards were full of happy children upset only by their illness or visits from parents was difficult to penetrate so John Bowlby and James Robertson formed an advisory committee consisting of Professor Alan Moncrieff and Dr Mildred Creak (Great Ormond Street), Drs JC Roberts (Harefields), J Livingstone (Hendon Isolation) and CT Potter (Royal National Orthopaedic Hospital), Sister Jenny Sharp from a northern long stay hospital and Miss Olive Cran from the Royal College of Nursing.

Although ostensibly to advise on the conduct of research, the underlying reason was to educate these key professionals and through them gain credibility with their colleagues. An early response was an invitation from Professor Moncrieff to Robertson to present his findings to the 21st Anniversary Conference of the British Paediatric Association (BPA) at Windermere in 1951. The young man was daunted by the prospect of presenting these findings as a layman to such a distinguished audience. He was, however, fortified by the knowledge that James Spence would be present, whose worldwide reputation as an advocate of admitting mothers with their babies, and his National Children's Home Convocation lecture on the purpose of the family, identified him as a likely ally. To his dismay Spence was first on his feet to deliver a fluent, witty and devastating attack. Referring dismissively to "so called emotional upset" he asked, "What is wrong with emotional upset? This year we are celebrating the centenary of the death of Wordsworth, the great Lakeland poet. He suffered from emotional upset, yet look at the wonderful poems he produced". (Wordsworth actually died the year before, in 1850.)

In 1951 through the generosity of Dr Tom Main it was possible to make a film and James Robertson seized the possibility of using a visual means to communicate his observations to the apparently intransigent world of paediatrics. The film

of Laura, "A Two-Year-Old Goes to Hospital",⁸ was made and received its premiere at the Royal Society of Medicine in November 1952 before an invited audience of nurses and paediatricians. The reaction was uniformly hostile; an atypical child, with atypical parents had been filmed in an atypical ward. Their wards were happy, no parent complained; the film slandered paediatrics and should be withdrawn. One professor of child health wrote to Robertson's employer complaining of his lack of objectivity. However, subsequently, following limited screening, reviews in professional journals were generally favourable. The film was used on study days for health care professionals and was applauded at various film festivals.

Encouraged by this response Robertson took his film to a departmental meeting in Newcastle with Spence presiding. After the bruising BPA meeting, Robertson had visited Spence in the Children's Clinic in Newcastle and been impressed by his courtesy and intensity of commitment. There was no meeting of minds but their conversation had convinced Robertson that he had been the recipient of Spence's antagonism to psychiatry and his "almost mystical view of paediatrics as an all-embracing vocation".⁹ Having watched the film and heard the presentation, Spence was as caustically negative as before and so were most who spoke at the meeting. Robertson left dispirited having apparently failed to communicate his message to a socially aware audience of paediatricians. He concluded that Spence's views were not based upon general principles which could be taught but were empathic and idiosyncratic.

This was a harsh judgement which failed to recognise either the need of carers to defend themselves against the pain which is part of everyday practice or the intricacies of the assumptive world within which we all operate. Commonly held beliefs and values are rarely changed as a result of blinding insights. They have to be modified by a complex process. At this time we were still mystified by the strange bruises and multiple injuries which were found on infants of clearly concerned mothers. The leap that loving mothers could vent frustration on their infants had not yet been made. That the caring environment of the paediatric ward could be hurtful and perhaps even permanently damaging was not something which could be readily accepted. Spence had arrived at his concept of the family and the mothering process in particular over years of hard experience in the slums

of Tyneside. He had seen the dramatic effects not only of the Babies Hospital but what was achieved in the small and often overcrowded wards of the hospitals. The superb ward sisters who could cope at any time of the day or night with desperately ill children often had little time for parents "cluttering up" their highly efficient ward. Yet within a few months Spence was encouraging students to study children in the manner of Robertson. Sadly he died before he could tell him so.

Elsie Wright at Newcastle General Hospital admitted mothers with their children and Christine Cooper who replaced her began to admit fathers and siblings to Wellbourn Nursery in the 1950s. Another paediatrician who watched the premiere of Robertson's film was Dermot MacCarthy, consultant paediatrician at Amersham General Hospital. He was incensed by the film which criticised paediatric care so unfairly. On the drive back to Amersham with his ward sister, Ivy Morris, he spoke crossly about "this man Robertson" and she surprised him by asserting "but what Mr Robertson says is quite true". The next day Dr MacCarthy found he could no longer walk down his children's ward without seeing Laura and her brothers and sisters. Although ward policy was liberal by prevailing standards with easy visiting and occasional mothers to stay, he opened the ward to unrestricted visiting and encouraged all mothers of under fives to stay in the hospital. He and his colleagues became vigorous exponents of the open ward without any adverse effects on management or infection rates. It was here that the second film "Going to Hospital with Mother"¹⁰ was filmed.

Drs MacCarthy, Mary Lindsay (see her comments below) and Ms Morris published an account of their work in *The Lancet* in March 1962.¹¹ This generated an interesting correspondence. Sir Alan Moncrieff, despite his involvement in the advisory committee, never came to terms with Robertson's views and regarded him and Bowlby as prejudiced observers. He frequently spoke out against the deprivation hypothesis and as late as December 1965 was writing in *Family Doctor* urging that excessive visiting and increased facilities for parents may not be a good thing and that any trouble caused by separation was likely to be transient. It is said that Professor Otto Wolff who rose to Moncrieff's defence when he was attacked, also told him to "shut up" and Sir Alan faded from the debate.

In June 1956 the Central Health Services Council set up a Committee on

the Welfare of Children in Hospital under the chairmanship of orthopaedic surgeon Sir Harry Platt of Manchester. Presented in October 1958 and published by HMSO the following year,¹² their report is full of commonsense and its recommendations were unequivocal. They began

"Greater attention needs to be paid to the emotional and mental needs of the child in hospital, against the background of changes in attitudes towards children, in the hospital's place in the community and in medical and surgical practice. The authority and responsibility of parents, the individuality of the child, and the importance of mitigating the effects of the break with home, should all be more fully recognised".

Their recommendations included:

- ▶ Children should not be admitted to hospital if it can possibly be avoided. (para 17)
- ▶ Children and adolescents should not be nursed in adult wards. (paras 29–33)
- ▶ A children's physician should have a general concern with the care of all children in hospital. (para 36)
- ▶ There is much to be said for admission of mothers along with their children, especially when the child is under five and during the first few days in hospital. This is of great benefit to the child and if mother is allowed to play a full part in his care she can be a help rather than a hindrance to the hospital staff. (paras 68–70)
- ▶ A child in hospital must be visited frequently to preserve the continuity of his life, and the arguments formerly advanced against frequent visiting are no longer valid. Parents should be allowed to visit whenever they can, and to help as much as possible with the care of the child. (paras 71–80).

James Robertson, who gave evidence to the committee, was involved in the preparation of a television programme based on his two films, when in late 1958 he was informed that the BBC having "consulted medical opinion" had decided not to proceed with the film lest it create too much anxiety for ordinary families. Robertson's memorandum was published separately to the Platt committee report as "Young Children in Hospital" in 1958.¹³ He also published four influential articles in *The Observer* in 1961.¹⁴

In 1960 four young mothers in Battersea, London met to discuss the experience of children in hospital. They started a movement which they called Mother Care for Children in Hospital. By

1962 they had produced dossiers on 20 children who came out of hospital hostile and resentful towards their mothers and often also mentally disturbed for a considerable period after discharge. Several other branches were established and in 1963 the various groups held their first national conference. Under the chairmanship of Mrs Valerie Elder, the meeting was held in the Norfolk Hotel on 22 May 1963 and papers were presented by Dermot MacCarthy, Dr David Morris of Woolwich and Miss BF Weller (then a nursing officer at Great Ormond Street). Annual meetings have been held regularly since. At the third meeting in Manchester in May 1965, the National Meeting of Mothercare for Children in Hospital (MCCH) group decided to change their name to the National Association for the Welfare of Children in Hospital (NAWCH). At the first, annual meeting of NAWCH in May 1966, Dermot MacCarthy was again the main speaker.

COMMENT: ADDITIONAL REFLECTIONS Dr Mary Lindsay

I am not sure that the idea of battles between Spence and Robertson is quite right; it takes two to battle and Robertson was a Quaker and did not fight. The paediatricians greatly admired Spence; they listened to what he had to say about the importance of the family, and viewed his mothers with slightly amused tolerance, but they did not emulate him. He was a great man and a great teacher, but he was also a snob; he was very frightened of psychiatrists, psychologists and analysts – he could not see Robertson as a colleague. They came from different standpoints as regards mothers in hospital; Spence idealised mothers (he adored his own mother and never married) and he saw the mothers' presence in hospital as answering their needs to be with their baby and look after it. Robertson saw the presence of the mother as answering the young child's needs. There may have been some reconciliation later, but not of these principles.

In the 1950s there were two sorts of people concerned about children in hospital, those who saw the results afterwards and those who saw it happening. The child psychiatrists such as Bowlby and Emanuel Miller (father of the doctor and theatre director, Jonathan) who had, with Donald Winnicott, many years earlier protested about the evacuation of small children in 1939,¹⁵ saw children who had become disturbed, insecure and lacking in trust following admission to hospital. Bowlby in particular used his understanding of the situation in his WHO papers.

Those who saw it happening included lay people such as Somerset Maugham's niece, Honor Earl, who deplored the situation and spoke up about it. Spitz described and filmed "Grief, a peril in infancy".³ Some wrote about how care in hospital could be improved but took no further action.

Then there were the people who did do something about it, such as the Glasgow surgeon James Nicoll, who felt that mothers were the best people to look after their children postoperatively, and the Pickerills,¹⁶ plastic surgeons in New Zealand, who had mothers looking after their babies to prevent cross infection, as did some paediatricians in the UK such as Jacoby.¹⁷ Spence decided which mothers should come into hospital with their baby, but if he did not consider it appropriate the baby had to do without its mother. Bowlby, having seen the results of separation, employed Robertson in 1948 to find out how it came about and describe the process. Robertson saw the mother's presence as necessary to prevent the developmental interference resulting from the distress of being in hospital. Robertson was the only one who tried to persuade other people of the children's needs, but he could not get anyone to believe what he had seen so he made films. The medical attitude to Robertson's ideas was shown by the hostility towards him and his film "A Two-Year-Old Goes to Hospital" when it was shown at the Royal Society of Medicine in 1952.¹⁸ For several years the film was only allowed to be shown to professionals but not the public, in case it upset the mothers who might then not allow their children to go into hospital.

Dermod MacCarthy was positively influenced by the film through his ward sister, who had been a nanny and knew about young children from her own experience. As Brandon relates, on the way back to Amersham after the Royal Society of Medicine meeting she said that Robertson was right. MacCarthy started the mothers coming into hospital officially and had unrestricted visiting, more in Amersham than in Aylesbury where the sister was not so keen on mothers coming in, a sign of the power of nurses to support or resist progress.

There was increasing interest in children in hospital and the Minister of Health, who listened to people in those days, set up the Platt Committee and representations were requested. The committee were very impressed by Robertson, along with his films, and with Dermod MacCarthy. Apparently all

Robertson's recommendations were included. I think they were the core of the report, which was published in 1959. A copy was sent to every hospital in the UK, where it was all too often put on a shelf to gather dust. And if the doctors, nurses or administrators looked at it, they all hoped it would continue to gather dust. But they had not counted on Robertson, who appeared on television and wrote pamphlets, books and articles in *The Observer* and *The Guardian*.¹⁹

Nor had they counted on NAWCH (the National Association for the Welfare of Children in Hospital). The hospitals may not have taken much notice of the Platt Report, but NAWCH did. They used it as their banner and were one of the most successful pressure groups ever. Even so, it took about 40 years before parents and grandparents (and sometimes a bed for them), and sisters and cousins and aunts, teachers and occupational therapists and play ladies all became as familiar on children's wards as they are today.

POSTSCRIPT: ROLE OF NAWCH

Jean Lovell-Davis

The Platt Report is written in simple language and, as Sydney Brandon says, the recommendations are unequivocal, so it was a perfect campaigning document for the task of public and professional education which followed its publication. In 1961 the BBC finally allowed James Robertson to present sequences from his films "A Two-Year-Old Goes to Hospital" and "Going to Hospital with Mother". The programme was live, and Robertson, ignoring the producer's direction, spoke directly to camera and invited parents to tell him of their good and bad experiences. Robertson's advice to those who contacted him following his broadcast and his newspaper articles was to get organised.

The first group on Mother Care for Children in Hospital (later The National Association for the Welfare of Children in Hospital, NAWCH) was established in Battersea, London in 1961. Their first hospital survey showed visiting hours varied from 30 min to 5 h with little accommodation for parents. Two years later, when the first national conference was held, there were already more than 30 groups around the country working to implement the recommendations of Platt.

The years which followed saw the development of several major movements in British society which NAWCH members were able to use in their campaign. Throughout the world, work was going on to develop the UN Convention on the Rights of the Child, eventually published

in 1998. The consumer rights movement had crossed the Atlantic to Britain. In 1958 the Consumers' Association was founded, followed by the National Consumer Council in 1975, and the new focus on children and on consumers, particularly in public services, grew. The NAWCH annual report of 1980 lists 64 NAWCH groups in England with affiliated groups in Wales, Scotland, Australia and New Zealand, the USA and Europe.

At the same time, the professions providing health care for children in hospital were increasingly specialising in children, so that the paediatricians were not alone in pressing for children to be treated as a special group with special needs. The professionals who had the most contact with sick children were the nurses, and the Royal College of Nursing appointed their first national advisor in paediatrics in 1984. More nurses were being trained to care for the whole family and not simply the child, and for their emotional and social as well as physical needs.

Parents and professionals were represented on all NAWCH's committees. Together they were powerful allies and although progress often seemed slow, they had a secure base and worked for change by co-operating with, and not opposing, each other. This was a unique pressure group dedicated to promoting the message that sick children need more than clinical attention, they need the continuing care of those who are closest to them, and this must be recognised by hospitals.

One of the first problems faced by the campaign was to find out exactly where children were nursed in the hospitals since it is difficult to provide unlimited access and overnight accommodation for parents if a child is on an adult ward. From the start NAWCH conducted regular national surveys and publicised the results with articles in and letters to national journals, magazines and newspapers, meetings with ministers, officials and members of parliament, national conferences and media appearances and questions in parliament, exploring every possible way of promoting the need for children to be in children's wards and to be treated as children and not as adults. NAWCH head office provided an information service and regular publications for parents, children, the media and professionals.

The network of local groups facilitated other approaches. Local groups bought beds for parents, provided transport for them, supported play workers, bought toys, organised local and regional conferences and got themselves appointed to the bodies providing children's services and

planning new hospitals. Best of all, local groups were able to give support and confidence to parents who knew what their children needed but were discouraged by unsympathetic staff.

As hospital stays became shorter and wards became more family friendly, NAWCH concentrated more on day units, accident and emergency departments, anaesthetic and recovery rooms, the particular needs of adolescents and in the planning of new children's departments and children's hospitals.

In 1984 NAWCH published its Charter for Children in Hospital and presented it to their annual conference with a welcoming message from the Minister of Health. During the following months they obtained endorsements from all the major national organisations associated with child health. The NAWCH charter embodied everything that Platt had recommended in his report, and provided a basis for resolving the remaining barriers to achieving a high level of care. NAWCH used it to develop standards so providers and users could measure the quality of services. The NAWCH charter has also helped to spread the message of the Platt Report in Europe and the rest of the world. Soon after his 100th birthday in 1986 Sir Harry Platt opened the NAWCH Silver Jubilee Conference with a message about the great job NAWCH had done and recording his pleasure at being an honorary member of the association.

In 1991 NAWCH's name was changed to Action for Sick Children in recognition of the fact that sick children are now often nursed at home and may only be in hospital for short stays. As they may need treatment in hospitals far from home, travel and parking costs are a current problem for families. What has not changed is the continuing need for a voice for children in the planning and delivery of services and a watchful eye on new developments; Action for Sick Children provides this.

CHILDREN IN HOSPITAL, 2009

Sebastian Kraemer

Harry Platt spent some of his childhood in bed with a tuberculous knee, which left him with a shortened leg for life. He would therefore have had some experience of childhood hospitalisation. He was the President of the Royal College of Surgeons at the time his committee was set up and he died aged 100 in 1986 a few weeks after Brandon's lecture was given. Although it was Platt's "firm belief that a committee of one was the quickest way to get things done",²⁰ 12 people – six women and six men – produced the 42

page report commonly named after him. To a modern reader the recommendations are self-evidently necessary, a measure of their impact and of the success of the campaigns that followed: "...visiting is part of the treatment which the child needs" (para 86) and "[I]n reassuring a frightened child it is necessary to try to deal with his fears and not with what the adult thinks he is likely to fear" (para 112).

James Robertson's film of the 2-year old Laura in hospital shows just how much simpler things were in the 1950s. There were fewer people, no relatives, no social workers, play specialists or teachers, and technology was primitive by today's standards. How much has the care of children in hospital improved? Paediatric wards are more child centred places, but they are also increasingly complex and – precisely because we have become more aware of children's needs – more disturbing. Although it is harder to deny the suffering of children and their families, there are other defences that can replace the denial chronicled by Brandon.

Anxiety is always part of the health professional's work,²¹ but its focus has shifted. There is a lot more to go wrong. Parents demand explanations or complain; managers expect patients to be counted and moved on; critical incidents must be investigated; and professionals disagree, especially when social or mental stresses intrude, or when the diagnosis is uncertain. And while children's needs have not changed, their experience of hospital has. More live with chronic and life-threatening disease. Treatments are often driven by evidence based protocols or best practice guidelines. High technology investigations and operations are routine. Very premature babies survive in intensive care. Many patients live in families where other cultures and languages prevail, some with stories of migration and loss. There is greater understanding of somatisation and how it can coexist with physical disorders. The reality of child abuse has undermined medical and nursing process, in that we cannot now always believe what we are told.

What seemed normal 50 years ago would now be regarded as naive, yet how will we view current practice 50 years hence? Our successors might wonder how we could see the patient at all, for all the devices – both mechanical and bureaucratic – we must use. Our primary task is diagnosis and treatment but, as Platt indicated, that includes reflecting on the experience of the child, a process that cannot be bolted on as an

afterthought. Perhaps professional training will in 2059 have advanced to the point where imagination, especially in meetings and ward rounds, is given as much priority as instrumental thinking, so that Platt's injunction not to assume that our adult fears are a guide to the child's will be realised: "What, after all, is it really like to be that child in this hospital, at this moment?"

Acknowledgements: Sebastian Kraemer would like to thank Dr Heather MacKinnon, consultant paediatrician, for help in editing a later draft of Professor Brandon's paper, and Lady Jean Lovell-Davis for keeping the original manuscript for over 20 years and then giving it to him.

Competing interests: None.

Accepted 3 December 2008

Arch Dis Child 2009;**94**:173–177.
doi:10.1136/adc.2008.152512

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