

Looking back

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Sir James Spence

DONALD COURT

After twenty years we may be far enough away from the man to make it possible to view James Spence in some sort of perspective, and to consider how he came to exert so profound an influence upon the development of paediatrics in this country.

Dr. Donald Court followed Spence as Professor of Child Health in Newcastle in 1955, after working with him for the previous eight years.

On 26 May 1954 James Spence died. Those who worked with him never doubted for a moment that he was a man to be remembered, and this impulse was confirmed by the immediate appreciation shown by men and women all over the world.

Today his name is linked with the chair of Child Health in the University of Newcastle, with essays for medical students and student nurses, and with a medal awarded by the British Paediatric Association for outstanding contributions to the advancement or clarification of paediatric knowledge within the fields of clinical or social paediatrics, clinical science, epidemiology, or family practice.

At the Association's Annual Meeting in 1974 the 14th James Spence medal was presented, with the customary words, 'This is the greatest distinction the British Paediatric Association can confer'. At a Regional Paediatric Society Meeting a few months before, his photograph was not recognized except by a handful of older members. The two experiences, each true in their setting, suggested the need for a revaluation of the man and his work. Spence valued the historical approach but observed that 'doctors rarely read medical history before the age of 45, and by then it was generally too late to modify their prejudices'. I am writing then for paediatricians before that age. Why should they read it? Not as an act of professional piety—a scientific culture does not encourage ancestor worship—but because repeated contact with excellence is a necessity for professional growth. There is no biography of Spence through which this contact can be made; only the short, sensitive collage of his life by his friend John Charles that introduces his collected writings.¹ This is not wholly a disadvantage as we can return to his achievements and see the man through his work. After 20 years perspective is sharper and allows a clearer analysis of his profound, continuing, and often unrecognized influence on the development of paediatrics.

Why did he become a paediatrician?

The reasons are as obscure as the entry was dramatic. His medical education was traditional, though quickly seasoned by the salt of war and sealed by the Military Cross for 'conspicuous gallantry in tending the wounded under heavy fire'. The trend of his early postwar training was towards adult medicine, and he was to remain in part an adult physician for 20 years. Yet in 1924 he became physician to a day nursery in Newcastle and by 1925 had changed it to a hospital where mothers lived and shared in the care of their children. Within a year the young physician had grasped the central importance of the mother-child relationship for paediatrics and applied it in everyday hospital practice. Some have understood and followed, but half a century later, despite official encouragement, many still prefer professional convenience to the logic of biology. In such a situation we should look again at his reasons.^{2, 3}

'It is an advantage to the child. It is an advantage to the mother, for to have undergone this experience and to have felt that she has been responsible for her own child's recovery establishes a relationship with her child and confidence in herself which bodes well for the future. It is an advantage to the nurses, who learn much by contact with the best of these women, not only about the handling of a child but about life itself. It is an advantage to the other children in the ward, for whose care more nursing time is liberated. In teaching hospitals it is of further advantage to the students, who gain a practical experience of the form of nursing they will depend on in their practices and learn to recognize the anxieties and courage which bind mothers to their children during illness: a lesson which fosters the courtesy on which the practice of medicine depends.'

Why did Spence grasp the principle and start the practice so swiftly? Six months as a casualty

officer at Great Ormond Street Hospital in 1919 must have opened his eyes to the needs of children and to the achievements and deficiencies of their medical care. Yet most at home in Northumbria, he must have felt that it was there that the answers to the unanswered questions were more likely to be found. In his home setting this extension of the family was self evident, would be accepted, and should be tried. There were also people in Newcastle, particularly the Medical Officer of Health, who were ready to listen to his ideas and ideals and to give him a job.

Social paediatrics

In the same eventful year, 1924, he became a part-time medical officer in a child welfare clinic, and from now on paediatrics in the hospital and in the community were to claim a substantial part of his time and an increasing share of his interest.

In 1932 the following appeared in the annual report of a charitable dispensary, 'The committee are gravely concerned about the great increase in poverty, sickness, and malnutrition among the poorest classes of the city'. The words were noted in London, the Chief Medical Officer was quickly in Newcastle, and Spence was asked by the City Health Committee to 'carry out an investigation into the health and nutrition of certain of the children of Newcastle upon Tyne between the ages of one and five years'. He accepted and the developing paediatrician became a social investigator. Adopting the comparative method, he compared city (slum) children with children from professional families as to height, weight, and the incidence of rickets, anaemia, and other deficiency diseases.^{4,5} He concluded that the main immediate cause of the malnutrition of the city children was the physical damage caused by infective diseases promoted and perpetuated by unsatisfactory housing and an inadequate diet. This time another central paediatric insight—the relation between nutrition, infection, and a defective environment—was derived, not as in the case of the mother-child relationship by the direct application of biology, but by epidemiological inquiry. It is still the central problem for the majority of the world's children. For Spence it pointed plainly to the need for continuing study of the causes of death, of the frequency and character of illness in young children, and the relationship of both to the quality of family life and community provision. The epidemiological studies which followed in the next 30 years were a logical sequel to this experience. If the Mother and Babies Hospital was Spence's most

humane innovation, the development of social paediatrics was scientifically his most significant. This time the example was seen and followed. In the words of one of the followers, 'His discovery of the social dimension in child health created a new climate for paediatrics in Britain and the United States, and we are only at the beginning of its influence'.⁶

Epidemiology is now firmly established in paediatrics and longitudinal studies are the order of the day. James Spence would have approved but would have asked to what practical ends the data would lead. In his own words, 'Surveys and inquiries which make an intrusion into family life demand a justification beyond the mere satisfaction of curiosity. They can only be justified if they are designed to answer questions that are worth answering, which have not been answered before, and which cannot be answered in any other way. The extension of knowledge has not been our only or perhaps our predominant motive. This is a local record made for a local purpose, intended to help family doctors, clinical teachers, medical officers of health, and public health nurses'.⁷

Paediatric education

His contributions to paediatric education took longer to mature but were the final and, some would say, the fullest expression of his personality. He began by setting out the facts. 'In 1942 provincial universities in England spent only a total of £400 on training and research, varying from £20 a year in Sheffield to £90 a year in Bristol.' The answer in his view was inescapable, 'If it be conceded that paediatrics is no minor speciality but a major part of medicine itself, that its development is necessary both for the science and practice of medicine, and that it is an instrument of great value in the instruction and training of the medical student, then the part which universities should play becomes clear. Each university should establish a Department of Paediatrics adequately staffed for teaching and research based on a children's hospital or children's department fitted for the work. They should seek to do this in a way which fosters a close contact between paediatrics and other branches of medicine, and with the University Departments of Pathology, Anatomy, and Physiology. It would be valuable also to foster a collaboration between paediatrics, which concerns itself closely with the whole welfare of the child, and the nonmedical sciences which are also concerned with the child'.⁸

In this, as in so many things, Spence was a 20th

century son of the Enlightenment. 'He was impatient of the small mind and myopic vision and he grew very restless when he saw that large and important views were being evaded because of tradition or detail.'¹ Decisive in thought and incisive in speech his most scathing judgements were directed at the existing arrangements for medical education. 'Medical education in this country is bedevilled by the fragmentation of its curriculum, by the irrelevance of its arrangement, by its examination system, by the authority of extramural professional bodies who can impose their will upon the universities, and by the tendency of teaching hospitals to lose their facilities for the undergraduate education of medical students and to become places for the training of specialists.'⁷ Today in spite of our professional repentance and the stirrings of change, that judgement has still not been fully faced.

In 1943 he was invited to occupy the Chair of Child Health in Newcastle. Although the first whole-time appointment of its kind in England, this was not the first chair in Britain and he always acknowledged the example and contribution of Glasgow, Edinburgh, and Birmingham. While he shared the Birmingham emphasis on clinical science and the need for specialization in paediatrics, his primary aim was a university, a medical school, and a department of child health related in study and service to the community in which it was placed. And he added with the conviction of experience and without sentimentality, 'the first aim of my department is comradeship not achievement'. Between 1940 and 1944 he became a member of the Medical Committee of the Nuffield Provincial Hospitals Trust, the Committee on Medical Education set up by the Royal College of Physicians of London, the University Grants Committee, and the Medical Research Council. His persistent advocacy within this circle of the need for and the benefits of academic departments of paediatrics was an important cause of their increase to 22 over the next 30 years.

Spence was always a teacher: facing the swift calamitous illness in the ward, painting a vivid portrait of child and disease in the 20 minutes he allowed himself for a clinical lecture, sensitively releasing the hidden fears of a mother in outpatient consultation, and in lively conversation over tea in the department with staff and visitors. How easy and vivid it seemed to us at the time; yet it was much more than a mixture of singular intelligence, widely remembered experience, and personal charm. As in other fields of life that excited his interest, he had selected and sharpened his 'instruments of teaching'.⁹

Reminding us that you cannot dig effectively with a rake or fork with a hoe, he asked himself and his staff exactly what learning experience they thought should take place at a child health clinic, in an outpatient consultation, on a ward round, with a tutorial group, in a seminar, in a clinical and in a systematic lecture, and in library or lodging with a journal, monograph, or textbook. He practised and refined them, reaching an understanding of educational principle and a mastery of method still surprisingly neglected by medical teachers today.

World paediatrics

Invitations to travel were only accepted when the department in Newcastle was established and his service on national councils and committees generously discharged. The first, and the most satisfying and significant visit, was in 1948 to Australia and New Zealand. He felt completely at home and shared his experience and himself to the full; and the advance of the Australian Paediatric Association which followed was a measure of his ability to inspire and unite the men and women who heard him.

The following year he visited the United States and Canada delivering the Cutter lecture in the Harvard School of Public Health and the Blackader lecture to the Canadian Medical Association. They were skilfully designed and brilliantly delivered, but North America was not ready for social paediatrics. In the Autumn of 1949 at the invitation of the British Council he went to lecture and examine in Czechoslovakia. This short contact with totalitarian rule disturbed him deeply; exposing how great was the threat to that freedom of speech, and professional independence in which he so passionately believed.

It is surprising that, in spite of a lively visit from Dr. Cicely Williams, he never went to the Third World where the attitudes and priorities developed in his early community studies in Newcastle are still relevant.

The British Paediatric Association

Spence was a professional with a life-long interest in professional associations. This only ended in October 1953, when, knowing he was mortally ill, he gave his presidential address to the Newcastle and Northern Counties Medical Society on 'Institutional Medicine'.¹¹ The opening (and like Jane Austen he believed in memorable openings) was characteristic. 'It is, I think, one of the inherent peculiarities of an Englishman that if you scratch him he begins to brood over his institutions.

And then from time to time he reforms them.' It began in the lively friendship with Donald Paterson and Leonard Parsons—organization man, clinical scientist, and social paediatrician—which created the British Paediatric Association. There can be no doubt of his affection for the Association and of its meaning for him. Yet his contribution was different, more intimate and less directive, and he did not become President until 1950. He was content to let it grow, enjoying the friendship and the conversation, knowing that the national responsibilities would increase, and knowing too that they would not be carried effectively unless the friendship held.

The man himself

Has the man emerged from his achievements? Not with the *éclat* that coloured his life. With such a subject the writer's temptation to be anecdotal has been strong; I believe resistance was right and the reason plain. After 20 years I can see more clearly the greatness of his achievements and understand how for many they were obscured by the fascination of his personality.

Those who knew him have their memories; those who did not can be excused for not recognizing him simply by name. We who worked with him and enjoyed his friendship knew also that there were frontiers we did not cross.

It was an essential part of the man that he was a mountaineer. And it is not surprising that many of his contemporaries saw him as an 'enchanted companion', 'perhaps the most attractive personality I ever met', exercising an influence which was 'so largely personal that it is difficult to pay tribute to it so that future generations will understand the esteem in which he was held by his contemporaries'.¹

One of the most fitting descriptions I know of James Spence was written of another man; I have used it because it brings us happily into conversation with him and illustrates both the personality and the paradox. 'A charmer, an actor, that was only to win you; once he had you where he wanted he attacked with discreet questions, stirred you into argument; if you were slow to respond he trailed his coat; if you were prone to agree he switched over and took the other side. You knew he was a Tory—fatal to presume on it—he would turn Socialist just to get you going. You knew he was romantic, he would turn shrewd and practical. Try the other way round and he was away on some poetic flight. He was like a man in a paper-chase throwing a trail of bits of his life to you but running

away all the time; meanwhile he had got everything out of you. It was irresistible. It took years to get to the bottom of him if you ever did. But the lasting impression was of a very clear, strong, decisive, and practical mind.'¹⁰

We can now sense how such a man achieved ascendancy so quickly in professional encounter and why his influence remained alive for transitory visitor and daily colleague alike. One of the former, now a child psychiatrist with a special involvement with epilepsy, tells of meeting him over tea in the Department, and how as he was about to leave, Spence, who had been talking about many things, turned and said, 'You should study seizures'. He has continued to do so ever since.

And the bias and the blindness, what of that? There was less than the strength might lead us to expect. A very good clinician, an admirer of Thomas Lewis, he spoke often of clinical science but made no lasting contribution to it; a hard fact which I suspect was one of his greatest disappointments. And as the gifted amateur suspects the professional, so his intuitive understanding of people made him unwilling to recognize the extent and complexity of mental ill health in children and resistant to the development of child psychiatry as an independent discipline.

He had a love of the novel—new faces, new stories, new ideas—and a capacity for distilling their essence and adding it quickly to his current counsel, which, though refreshing, was bound at times to lead to superficiality of judgement. A patrician by temperament, there was a pardonable streak of vanity, recognized but never out of hand. Even when you were sure he was wrong, you always emerged wiser from the encounter.

One test of greatness is how long a man remains a contemporary. In most things James Spence is still alongside and in the human, social, and educational implications of paediatrics beckoning us forward.

My hope is that some will now want to enjoy the man and his conversation for themselves; his selected writings¹, a book which rests comfortably in the hands, will allow them to do so.

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⁶ Herbert Burch, personal communication, 1972.

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