PERINATAL LESSONS FROM THE PAST

Drs Richard Evanson (1800–1871) and Henry Maunsell (1806–1879) of Dublin and their paediatric text

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The textbook on the care of children published by these two Dublin physicians in 1836 was for many years regarded as an authoritative work on this subject.

Richard Tonson Evanson (fig 1) was born in County Clare in 1800. After being educated at Trinity College, Dublin, he became apprenticed to Sir Philip Crampton, surgeon general to the army in Ireland. His first professional qualification was the MRCSI, followed by an MD of Glasgow University. Settling in Dublin as a physician, he was in 1830 appointed lecturer on *Materia Medica* in the Park Street Medical School. In 1836 he was elected Professor of Medicine in the Royal College. However, seven years later he resigned this post because of ill health from an irritable bowel, although he continued to practise in Dublin until 1847. He then retired to warmer climes on the continent, where for a time he was medical advisor to the Duke of Northumberland. Evanson has been

described as an energetic and efficient man with a warm heart. He was charitable and benevolent, loved his profession, and had a large circle of friends. He was also a poet, publishing a book of poems, *Nature and art*, in 1868. Retiring to Torquay, he was invited to chair the BMA meeting in Plymouth in 1870. The following year he died in his sleep at the age of 71.^{1 2}

Evanson's co-author Henry Maunsell was born in Dublin on 3 February 1806.²⁻⁴ He was the eldest of eight children of Thomas Maunsell and his wife, Anne Murray. His father was general manager to the Grand Canal Company, and the family lived in James-Street Harbour. Henry was educated at Dr Philips' School in St Stephens Green. In 1821 he was apprenticed to Dr Charles Johnson, and in 1827 became a Licentiate of the Royal College of Surgeons of Ireland. His first post was as dispensary doctor to the district of Letterkenny, Co Donegal where he worked until 1831. That year he graduated MD in the University of Glasgow and also took the Fellowship of the RCSI. Returning to Dublin, he was appointed lecturer in midwifery at the Park Street School and assistant accoucheur to the Wellesley Lying-in Institution. He was also appointed assistant physician to the Magdalen

Figure 1 Richard Evanson, MD (1800–1871). Unconfirmed silhouette by Augustin Edouart (1860).

Figure 2 Henry Maunsell, MD (1806–1879). Courtesy of the Mercer Library of the RCSI.

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Asylum. In 1834 Maunsell published a popular textbook *The Dublin practice of midwifery*, and the following year was elected to the chair of that discipline (fig 2). Two years later in 1836 he co-published with his friend Evanson *A practical treatise on the diseases of children*.⁵ It was dedicated to Henry Marsh, MD professor of medicine in the Royal College of Surgeons in Ireland (1828–1832) and principal founder of the Dublin Institution for the Diseases of Children. This institution had been set up in 1821 at the rear of Henry Marsh's Molesworth Street residence, although later relocated to 9 Pitt Street, now Balfe Street. It therefore antedated the Hospital for Sick Children, Great Ormond Street, London, by some 31 years as the first independent facility for the treatment of children in the British Isles² with the exception of Armstrong's Dispensary (1769–1783).⁶

Both Evanson and Maunsell had been connected with the Institution for the Disease of Children since its establishment, first as students and subsequently as medical attendants. They wrote in the preface to their text that they felt their work, which included information from the Continent as well as from Britain, was both original and practical. The treatise in fact became the standard text for children's problems during the next 30 years, passing through five editions and being also published in America and Germany. Of the 13 chapters, Maunsell wrote those on management and physical education of children, on mental and moral education, on accidents and diseases occurring at birth and soon after, on diseases of the respiratory organs, on eruptive fevers, and on vaccination and constitutional diseases, while Evanson was responsible for the remaining six chapters concerning the peculiarities of the infant structure, constitution, and disease, infantile therapeutics, dentition, diseases of the digestive organs, and of the cerebral system.² The extracts that follow have all been taken from chapters written by Maunsell.

On the resuscitation of stillborn infants

"It is now well ascertained that there is no more certain and speedy means of destroying animals, than a brisk inflation of air into the trachea; and therefore it is positively wrong to use any powerful mechanical means, for this purpose, in the new-born child. The gentle filling of the lungs with air does, however, frequently excite respiratory movements, and also facilitates pulmonary circulation, and it should therefore be cautiously practised. In doing it, no trachea pipe or bellows should, we think, be employed, but air simply blown into the mouth, the operator applying his own lips (with a bit of silk or muslin intervening for the sake of cleanliness), to those of the child. While doing this, the head is to be slightly extended, the nostrils must be held between the finger and thumb of one hand, and the fingers of the other should be placed upon the put of the stomach, so as to prevent the air from passing into that organ. When the chest has been distended, it may be compressed gently with the hand, so as again to empty it, and the inflation may be repeated three or four times, or until the commencement of natural respiration is announced by a sneeze or deep sigh ..."

On swelling of the breasts

"The breasts of infants, both male and female, contain at birth a secretion somewhat resembling milk, and which is generally supposed by the attendants to require speedy removal. Accordingly, they frequently set about pressing

the part until inflammation, and occasionally an abscess is produced. This notion, however, is altogether erroneous. No measure for getting rid of the secretion is necessary; and we should forbid any attempt at adopting one. We have repeatedly had to open an abscess produced by pressure in the way alluded to, but which, nevertheless, was always attributed by the nurse to the want of sufficient removal of the fluid in question."

On sleeping with mother

"A question is often put to a physician: should the child sleep with its mother or nurse? For a month or two after birth, it is unquestionably desirable that it should; for the infant, as we have seen, possessing a low temperature, and but a small power of generating heat, requires to be kept warm by contact with another being ... At the expiration of a month or six weeks, especially when the weather is warm, the infant, if healthy, will, with due precautions, be able to maintain its own heat, and we may then allow it to sleep in a cradle or bed by itself."

On fractures of the long bones

"Fractures of the bones of the extremities are sometimes produced during birth, especially in cases of preternatural presentation, when turning or other manual interference is required. They unite readily, and are to be treated upon common principles, only adapting our means to the delicate organisation of the child – making our splints, for example, of Bristol board, instead of wood and carefully preserving the skin from irritation. One thing we would recommend to the young practitioner in midwifery – viz. when such accidents unfortunately occur, never to think of concealing them, but at once to inform the friends, and explain the steps necessary for the occasion. This is the honestest plan, and we sincerely hope it will also be found to be the best."

On sclerema neonatorum

"This appears to be a very common disease ... and extremely fatal ... It occurs during the first few days after birth, and in some instances the infant has been born with it. It usually attacks premature or feeble children, in whom respiration has not been fully established, and commences in the extremities – most commonly in the feet. These parts become somewhat swollen, dry, hard, and cold. The skin is sometimes of the natural colour; at others, livid or purple. It appears as if stretched tightly over the subjacent parts, and is cold and hard, pitting slightly upon pressure. From the extremities the disease commonly proceeds, with rapidity, to the trunk of the body, the whole or parts of which it affects in like manner. The diminution in temperature is remarkable, and the body often appears to be acted upon by external heat merely as so much dead matter ... The child will not suck, is restless, and continually whines ... Respiration becomes gradually more and more difficult, until death ensues, usually within the fourth day, but sometimes so late as the second or third week. The prognosis is very unfavourable; but in mild cases, the respiration sometimes improves, heat begins to be evolved, and recovery slowly takes place."

On nine day fits

"This fatal affection is stated to commit great ravages among infants of all classes in warm climates, but in this country, although occasionally to be met with in private practice, it may justly be considered as an hospital disease. Its ordinary period of occurrence is within nine days from birth – about the time of the falling off of the funis ... The child's appearing to smile during sleep is also commonly considered as an indication of the approach of fits ... When the paroxysm actually comes on, the infant is seized with violent, irregular spasms of the muscles, particularly of those of the limbs and face, recurring at uncertain intervals ... the muscular contractions are very violent; there is foaming at the mouth; the thumbs are turned firmly into the palm of the hand; the jaws are closed, and any attempt to separate them considerably aggravates the paroxysm ...

With respect to the pathology of trismus, nothing is certainly known; but the researches of Dr. Joseph Clarke make it highly probable, that a powerfully predisposing cause exists in a vitiated state of the atmosphere of large hospitals; and Professor Colles has ingeniously put forward the suggestion, that this operates by inducing "an unhealthy or unkindly form of inflammation or ulceration" at the navel, and that the disease is in fact a species of traumatic tetanus, having its immediate cause in the wound occasioned by the separation of the cord ... Professor Colles suggests as a preventive measure, in every case, the propriety of dressing the umbilicus with spirits of turpentine, from the birth of the infant ..."

On infantile erysipelas

"Inflammation of an erysipelatous nature sometimes attacks infants, especially those born in lying-in-hospitals. The disease in its worst form appears about the navel, or lower part of the belly ... It is a very dangerous affection, running quickly into suppuration or gangrene ... It is commonly a disease of hospitals, and must therefore be presumed to have its predisposing cause in some impurity of the atmosphere; accordingly we should lose no time in transferring the child, if it be practicable, to a different and well-ventilated apartment: this we conceive to be an essential step in the treatment."

On congenital syphilis

"The venereal disease may be communicated to the young child in three ways. 1st, The foetus may be contaminated, while yet in the womb of its mother; 2nd, The infant may receive infection from the nipple of a diseased nurse; and, 3rd, It may be infected during its birth, the mother at the time labouring under primary symptoms of the disease. By most authors it has been supposed, that the two latter are the only modes by which the child can be infected; but, strange as it may appear, the first mentioned has been, in

our experience, by far the most usual ... it happens, commonly, in one of the following ways. One or both parents may have the disease at the time of the conception of the child, or they may have had it previously, and perhaps, at the period in question, present no sign of ill-health whatsoever. Under either of these circumstances, a child may be born apparently healthy, and continue so for an uncertain period, (varying from a fortnight to five or six months) when marks of syphilis may show themselves: the most usual period for the disease to appear is, according to our experience, from the third to the fifth week. In this way the symptoms may be developed, in several successive children of the same parents; but usually such cases are alternated with miscarriages, or premature births of children, dead, and covered with syphilitic eruption; or all these occurrences may take place in the same family; for example, a woman may miscarry once or twice; may, then produce a dead syphilitic child; and subsequently give birth to one apparently healthy; but showing disease when it has attained the age of four or five weeks. There is no regular succession in the occurrence of these different events, as they indifferently precede or follow each other."

In 1841 Maunsell exchanged his chair of midwifery for one of Hygiene and Political Medicine, a post he held for five years. As a community physician, Maunsell rapidly acquired a reputation as a pioneer and authority in the economic relations between disease and poverty.⁷ In 1844 he was appointed Secretary to the Council of the Royal College of Surgeons, a position he retained until 1860. In 1839 he had started a weekly journal, the *Dublin Medical Press*, with Dr Arthur Jacob and had quickly established himself as a medical thinker and writer. In 1860 he purchased the leading conservative newspaper, the *Dublin Evening Mail*, which he then edited for the remainder of his life. He was a brilliant conversationalist and an accomplished speaker. Although quick tempered, he was said to have been open-handed and a true friend. In 1832 he had married Mary Colhoun of Letterkenny, and they had one daughter before Mary's death in 1935. Two years later he married again. With Caroline Stevenson, his second wife, he had three sons and six daughters. Maunsell died at Greystones on 27 September 1879 at the age of 74 and was buried in Stillorgan Churchyard.^{2-5 7}

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REFERENCES

- 1 **Obituary.** Richard Tonson Evanson, M.D. *BMJ* 1871;ii:540.
- 2 **Ward OC.** The Royal College of Surgeons 19th century textbook of paediatrics and its authors Evanson and Maunsell J. *Irish College of Physicians and Surgeons* 2002;31:101–4.
- 3 **Cameron CA.** *History of the Royal College of Surgeons in Ireland and the Irish Schools of Medicine.* Dublin: Fannin, 1886:489–91.
- 4 **Obituary.** The late Henry Maunsell. *BMJ* 1979;ii:554.
- 5 **Evanson RT,** Maunsell H. *A practical treatise on the management and diseases of children,* 2nd ed. Dublin: Fannin and Co, 1838.
- 6 **Dunn PM.** George Armstrong, MD (1719–1789) and his dispensary for the infant poor. *Arch Dis Child Fetal Neonatal Ed* 2002;87:F228–31.
- 7 **Blaney R.** Henry Maunsell (1806–1879): an early community physician. *Irish J Med Sci* 1984;153:42–8.