committee has met on three occasions. It has re-established its committees on ‘nursing’ and ‘accident and injury’. In view of continuing public and professional concern, Non-Accidental Injury has received special attention, and a joint statement from the Presidents of the two Associations preceded an article on the subject in the BMJ (1973), 4, 656–660.

9. Working Parties
Reports from the following have been submitted to Council:
(i) Organization of Paediatric In-Patient’s Day.
(ii) Education and Training of Pupil Midwives in the Care of the Newly Born Infant.
(iii) Organization of Medical Work in Hospitals (Cogwheel), for (a) England and Wales, (b) Scotland.

Reports on the following are being prepared:
(i) Planning of Hospital Paediatric Departments.
(ii) Infant Feeding.
(iii) Paediatric Nursing.
(iv) Dietetic Services for Children.
(v) Evidence for the Child Health Services Committee.

10. Matters Concerning Government Departments
Department of Health and Social Security. Comments on the following by Working Parties and Standing Committees have been submitted to the Department:
(i) Hospital Facilities for Children Undergoing ENT Treatment: an agreed statement by the BPA and BAOL.
(ii) Social Work Support for Health Services by Local Authorities.
(iii) Hospital Services for Children in University and Regional Referral Centres.
(iv) Organization of Paediatric In-Patient’s Day.
(v) DES/DHSS draft circular on Child Guidance.
(vi) Child Psychiatric Services.

11. Matters Still Under Consideration
(i) The development and character of the Association. Council is aware that this important matter is being considered by the regional societies.
(ii) Suitable long-term accommodation for the Association.
(iii) Paediatric staffing and training, with particular attention to the right balance between generalists and specialists.
(iv) The machinery for professional and administrative partnership in the Child Health Services of the reorganized National Health Service.
(v) Paediatric relations between Britain and her partners in the European Community.
(vi) Our responsibility for paediatrics in the developing countries.

Council is grateful to the Members who have served on Committees and Working Parties during the year, and also to those who have represented the Association on both statutory and voluntary bodies. Many individual Members have helped the Association by their advice, suggestions, and criticisms.

Council wishes to show its special appreciation of the work of the Editors of the Archives of Disease in Childhood. This is now a profitable journal in every sense and an important ambassador for British Paediatrics.

Scientific Proceedings
General Sessions

R. E. Bonham-Carter. The Hospital for Sick Children, Great Ormond Street, London. ‘The changing face of paediatric cardiology: heart surgery in infants’. Between May 1971 and October 1973, 108 infants were submitted to bypass surgery. There were 36 with transposition of the great arteries, 26 with total anomalous pulmonary venous drainage, 20 with ventricular septal defect, and 8 with aortic stenosis. There were also 18 miscellaneous lesions which accounted for 10 of the deaths. There were no deaths in the transpositions and ventricular septal defects and 10 deaths in the total anomalous pulmonary venous drainage group. These figures are broken down by diagnosis, age, and weight at the time of surgery, and illustrate how paediatric cardiac surgery is changing towards earlier correction, in some cases instead of palliative surgery.

R. G. Patel. The Children’s Hospital, Birmingham. ‘Coarctation of the aorta with special reference to infants’. Coarctation of the aorta accounts for 5–8% of all congenital cardiac abnormalities. When babies with coarctation of the aorta present with intractable congestive cardiac failure, there is frequently an associated cardiovascular abnormality. The response to intensive medical treatment in the past has been disappointing. Surgical treatment offers a greater chance of survival despite complications such as re-stenosis.

Between 1961 and 1972, 126 patients had an operation for coarctation of the aorta. 61 cases needed surgery during infancy. There were 12 hospital deaths—all in patients with associated cardiovascular lesions. These included persistent ductus arteriosus, ventricular septal defects, aortic stenosis, fibroelastosis, transposition of the great vessels, and Taussig-Bing malformation.

There have been 12 cases of re-stenosis among the survivors. All these patients either had preductal or juxta-ductal coarctation and were operated between 1–6 weeks after birth. Evidence of re-stenosis occurred as early as within 48 hours in 2 cases while in others it developed after several months. Lack of growth at the anastomotic site may be responsible in a few but the tendency to coarctation seems to persist in others. While re-stenosis is a common complication, it is not lethal and only 3 patients have subsequently required another operation.

There were no hospital deaths in 65 children in whom resection of coarctation was done between 1 and 14 years. There were 3 cases of re-stenosis in this group, usually related to narrowing at the site of insertion of teflon graft.

R E Bonham-Carter

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