British Paediatric Association
Proceedings of the Forty-Seventh Annual Meeting

The Annual Meeting of the British Paediatric Association was held at York from 6–10 April 1976. 294 members attended, together with the President and 28 members of the Dutch Paediatric Association, the Acting President and 11 members of the Association for Paediatric Education in Europe, 5 Heinz Fellows, 9 UNICEF/WHO Fellows, Observers from the Department of Health and Social Security and the Scottish Home and Health Department, and 142 other guests. Dr. L. A. Hanson (University of Göteborg), was the Windermere Lecturer.

The Annual General Meeting of the British Paediatric Association was held on Thursday, 8 April 1976. The President, Professor S. D. M. Court, was in the chair.

The Minutes of the last meeting, which had been published in the Archives of Disease in Childhood, were received and approved.

ELECTION OF OFFICERS. The following were elected.

President: Professor O. H. Wolff.
Honorary Assistant Secretary: Dr. C. H. Nourse.

MEMBERS OF COUNCIL 1976–79: Dr. C. G. D. Brook, Dr. Barbara Davies, Dr. D. W. Fielding, Dr. C. A. S. Galloway, Dr. Sheila Lewis, Dr. T. C. Noble, Dr. R. A. Shanks.

HONORARY MEMBERS: Dr. Beryl Corner, Professor S. D. M. Court, Dr. H. L. Ellis, Professor F. Falkner, Dr. Mavis Gunther, Professor R. S. Illingworth, Professor O. Ransome-Kuti.


1. OBITUARIES
The Association suffered the loss of Professor W. R. F. Collis, Professor W. S. Craig, Professor L. Emmett Holt, Jr., Professor Maurice B. Lamy, Dr. R. Marshall, Dr. Nathalie Masse—Honorary Members.

2. DISTINCTIONS
Council noted with great pleasure that Professor Charles Dent had received the CBE, Dr. Elsie Widdowson had been elected FRS, and Dr. Ibrahim had been awarded the SIMAVI Prize.

3. COUNCIL
Membership. The following members of the Association have served on Council during 1975–76: Professor S. D. M. Court (President), Dr. N. S. Clark, Dr. W. M. Fyfe, Dr. Eileen Hill, Dr. A. D. M. Jackson (Honorary Assistant Secretary), Dr. R. H. Jackson, Dr. G. M. Komrower (Treasurer), Professor June K. Lloyd (Honorary Secretary), Dr. C. H. Nourse, Dr. R. McLeod, Dr. S. Tucker, Dr. R. G. G. Barry, Dr. R. I. Mackay, Dr. S. R. Meadow (Honorary Assistant Secretary), Professor I. C. S. Normand, Dr. E. G. G. Roberts, Dr. D. G. H. Stone, Dr. L. J. H. Arthur, Dr. D. Burman, Dr. O. D. Fisher, Dr. Josephine Hammond, Dr. W. M. McCraine, Dr. R. J. Pugh, Dr. R. C. Roxburgh, Professor O. H. Wolff (President-Elect), Dr. R. J. Young; Dr. R. J. West (junior representative); Professor R. G. Mitchell, Chairman of the Academic Board (ex officio), Professor J. Lister, President of the BAPS (ex officio). Professor T. E. Oppé and Dr. F. S. W. Brimblecombe, Adviser in Child Health,
DHSS and member of the Central Health Services Council respectively, have attended.

Observers. The Association is grateful to the following for assistance and advice both at Council meetings and in many other ways: Dr. Margaret Bell, Scottish Home and Health Department, Dr. Marie Richards, Welsh Office, Dr. Eileen Ring, Department of Health and Social Security, and Dr. T. K. Whitmore, Department of Education and Science.


4. Matters Concerning the Administration of the Association
The Association's permanent office establishment remains at 23 Queen Square and consists of three full-time secretarial staff. The Association would like to record its continuing debt of gratitude to the Institute of Child Health for portering and mailing services, the use of rooms for meetings, duplicating facilities, and the administration of staff salaries.

Academic Board. The 10th Annual Report of the Board has been reviewed by Council. Council paid tribute to the work of Professor J. A. Davis who retired this year from the post of Chairman of the Academic Board.

5. Awards of the Association
James Spence Medal—Dr. Douglas Gairdner.
Donald Paterson Prize—Dr. J. K. Sarsfield.
Guthrie Medal—Dr. J. D. Baum.
Heins Fellowships for 1976–77. Fellowship 'A'—Professor K. K. Kaul, Dr. C. M. Ndugwa; Fellowship 'B'—Dr. H. P. Lin; Fellowship 'C'—Dr. M. A. P. S. Downham, Dr. P. Christie, Dr. N. A. P. Evans.

6. Finance and Allied Matters
The Directors of Unigate have again generously donated their annual travel grant of £225 and are supplying the programme and all stationery for the Annual General Meeting, 1976.

Unigate and Merck, Sharp and Dohme each donated £200 towards the cost of sending a representative of the Association to the 2nd International Paediatric Congress, Nigeria, and we are most grateful to them.

The Association continues to benefit by a share of the profits from the sale of the Archives of Disease in Childhood.

7. Meetings of the Association
The 46th Annual Meeting of the Association was held in York in April 1975. 415 members and guests attended.

The 48th Annual Meeting of the Association will be held from 22–26 March 1977 at the University of York.

8. Reports of Standing Committees and Working Parties, and Comments to Government Departments
Several reports have been received to Council, and comments have been submitted to Government Departments on many important issues.

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 record its special appreciation of the work of the Editors of the Archives of Disease in Childhood.

Other Agenda Items
1. Changes to the Rules of the Association which had been previously circulated to all members were approved.
2. It was agreed that the Association should become a member of the Union of National European Paediatric Societies and Associations (UNEPSA).
3. It was agreed to hold the Annual General Meetings in 1978 and 1979 at York University. 1978 would be the 50th Anniversary of the Association.

Scientific Proceedings
Windermere Lecture. The lecture was delivered by Professor Lars A. Hanson, Professor of Immunology, University of Göteborg, Sweden, on 'The role of Esch. coli in infections in childhood'. Published in the Archives, this issue p. 737.


A prospective study of childhood lead poisoning in the United Kingdom during the period August 1974 to July 1975 has been completed. Information was sought concerning the diagnostic criteria employed, clinical presentation, mode of treatment, occurrence of sequelae, and the source of lead. 75 cases were notified including one death, and detailed information was available for 69 of these. The children diagnosed were aged 0–14 years and 90% of these resided in urban as opposed to rural areas. There was a predominance of males (64%) and the most common presenting feature apart from pica (64%) was anorexia (22%). There was marked variation between different centres in the mode of investigation and treatment. The blood lead values reported ranged from 18 to 30 μg/100 ml with a mean value of 72 μg/100 ml. Neurological or intellectual impairment was reported in 7 of the nonfatal cases. The most common sources of lead were paint (35%) and Surma (9%) but the source was not identified in 32% of the children. A marked geographical variation in the frequency of diagnosis was found with clustering in three centres, London, Birmingham, and Luton.

There is a need for improved methods of case finding and investigation and there should be greater uniformity in the diagnostic criteria employed.


Six patients were described, 4 with tetralogy of Fallot and 2 with ventricular septal defect in whom abnormal tricuspid valve tissue caused reduction in size of the ventricular septal defect. The haemodynamic findings were so altered in the 4 cases of tetralogy of Fallot that the patients presented clinically like pulmonary stenosis with intact ventricular septum and reversed intra-atrial shunt. At catheterization the right ventricular pressure was twice that in the left ventricle.

Unusual angiocardiac appearances were shown on right ventricular injection in 3 cases of tetralogy of Fallot and on left ventricular injection in the isolated ventricular septal defects. Surgery confirmed that these appearances were due to accessory tricuspid valve tissue attached round the ventricular septal defect and showed one method of spontaneous closure of these defects. In the fourth patient with tetralogy of Fallot abnormal insertion of the tricuspid valve caused reduction in the size of the defect. The problem of reduction in size of ventricular septal defects where its presence is necessary for survival in tricuspid atresia and double outlet right ventricle was also discussed and the changes in the haemodynamics illustrated.

The material emphasizes that congenital heart disease is not a static condition.


The increasing number of individually rare metabolic diseases with recessive or sex-linked inheritance imposes for their diagnosis an unawait, if not unreasonable, burden on clinical memory and experience. The feasibility of mechanically comparing the symptoms of an individual patient, against a matrix relating a standard set of symptoms, to the several diseases and ranking the latter in order of diagnostic probability, has been tested.

22 symptoms have been considered for 157 diseases and the data stored in a computer. The system has been tested using the presenting symptoms of 36 patients with one of 21 inherited metabolic disorders. The correct diagnosis was included in the first 2 diseases listed in 12 patients, in the first 5 in 24, and in the first 12 in all but 6. Thus the system acts as a convenient reminder of diagnoses to be considered and defines the small number of laboratory investigations necessary to reach a diagnosis or to exclude it from this group of disorders with some confidence.

Impact on family coping when phenylketonuria is treated by dietary means from infancy. A. Bentovim. London.

During the assessment of differing dietary regimens for newly diagnosed infants with phenylketonuria (PKU) the opportunity was taken of assessing the impact of the diagnosis of PKU and its treatment on the families' psychological functioning.

A psychiatric social worker interviewed 10 families using a structured questionnaire and rating scales at the time of the initial stabilisation on low phenylalanine diet, at 6 months, 12 months, and 2 years. The paediatrician and dietician regularly and independently rated the families' ability to cope with the dietary regimen, and acceptance of the condition.

The five families who coped best overall were compared with the five families who coped least well. Better coping families responded initially to the diagnosis with more distress and anger. However, their later family life and marital relationships were less adversely affected. There was less rejection and fewer negative feelings expressed towards their children, who showed fewer behaviour problems, were more active, and less fussy or greedy over the diet.

The discovery of PKU and its subsequent treatment has an immediate major impact on family homoeostasis. If this crisis is resolved unsatisfactorily, there is a deleterious effect on later family functioning. Pathological behaviour can emerge in the vulnerable parent and child, and ongoing problems can occur in coping with the demands of the dietary regimen and acceptance of the child despite the success of the treatment.

Randomized sequential control trial to evaluate effect of purified factor II, VII, IX, and X concentrate cryoprecipitate and platelet concentrate in management of preterm low birthweight and mature asphyxiated infants with coagulation defects. T. Turner (introduced by F. Cockburn). Edinburgh.

Forty-one infants weighing less than 1500 g had coagulation screens performed within 6 hours of birth and frequently thereafter. 9 infants maintained normal haemostasis and were excluded from the trial; 16 control infants with coagulation defects received no therapy; 5 infants survived. At necropsy 8 control infants had cerebral intraventricular haemorrhage (IVH). 16 infants were allocated to the treatment group; 3 survived. At necropsy 4 infants had IVH and two subdural haemorrhage.

Twenty-three infants (1500–2000 g) with severe idiopathic respiratory distress syndrome were investigated, 11 infants maintained normal haemostasis and were excluded. 3 infants in the control group of 6 infants died and 2 had IVH. In the treatment group of 6 infants, 3 infants died and had IVH at necropsy. Of 13 severely asphyxiated infants investigated the 5 survivors with normal haemostasis were excluded. There were no survivors in either the control (4 infants) or treated (4 infants) group.

This preliminary study suggests that there is a reduction in the incidence of IVH in infants weighing less than 1500 g when coagulation defects are corrected. However, there is no improvement in terms of survival. Prompt correction of existing coagulation defects offers no advantage in the management of infants with severe RDS and infants with severe intrapartum asphyxia.

Immunological capacities after successful bone marrow transplantation for aplastic anaemia:

Four children with severe aplastic anaemia were treated with transplantation of bone marrow cells from an HL-A identical MLC negative sib donor: 2 boys, 10 and 6 years of age, and one girl, 6 years of age, with idiopathic aplastic anaemia, and one 9-year-old boy with aplastic anaemia following infectious hepatitis. Infections were prevented by nursing in strict reverse isolation with antibiotic decontamination. The one girl developed subacute graft versus host disease one month after transplantation, lasting for 6 weeks. The 4 children are in good condition now with complete haematological recovery 26, 17, 11½, and 14 months after transplantation.

Follow-up of several parameters of humoral and cellular immunity was carried out at least one year after transplantation. All 4 children showed severe immune deficiency which recovered much slower than haematopoiesis. It is concluded that such transplanted patients have to be considered and treated as severely immune deficient a long time after transplantation.


Subcutaneous fat in newborn infants as an indication of intrauterine nutrition. A. G. L. Whitelaw (introduced by June K. Lloyd). London. Skinfold thickness measurements at biceps, triceps, subscapular, and suprailiac sites have been made on over 400 infants within 48 hours of birth. The findings suggest that the skinfold reading immediately after applying the caliper represents oedema and subcutaneous fat, whereas the skinfold reading after 60 seconds of caliper pressure represents subcutaneous fat more accurately. The sum of 8 skinfolds (4 on both sides) gives better repeatability than measurements of a single fold, and represents both trunk and limb fat. Normal ranges have been compiled for each week of gestation from 30 weeks to 42 weeks. It is thus possible to assess if a baby is abnormally fat or thin for gestational age. Not all light-for-gestational age babies are thin, and it is suggested that the finding of reduced subcutaneous fat may help to distinguish the undernourished neonate at risk of hypoglycaemia from the constitutionally small neonate.

Maternal diabetes and maternal obesity are associated with significantly increased skinfold measurements in the baby and prolonged maternal hypertension is associated with decreased skinfold measurements. Maternal smoking does not significantly affect the baby's skinfold measurements.


Shukla et al. (1972) assessed the growth and nutrition of 300 infants in Dudley, West Midlands. 204 of these infants have been reviewed between the ages of 4·3 and 6·4 years and their childhood nutritional status is related to that for the first year of life. If overweight and obesity is assessed as in the original survey, 7% of the children are now obese and a further 12% overweight, compared with an incidence of 17% and 25% obesity and overweight in infancy. 65% of the children are above the 50th centile for height and this may tend to classify them as overweight. Relating actual weight to 50th centile weight at height age suggests an incidence of obesity of 2·5% and a further 11·5% overweight. Triceps skinfolds are significantly thinner than current British standards though subscapular skinfolds follow the distribution of the standards.

One in 9 of the obese infants is an obese child and a further 1 in 4 obese infants is an overweight child. But 65% of obese infants and 79% of overweight infants are normal weight children. Only 1·5% of normal weight infants are obese children. There was no significant relation between infant feeding patterns and childhood weight status.

Reference


Batten's disease is the name given to a group of neurodegenerative diseases occurring in childhood which have certain features in common. These include mental deterioration, visual failure, myoclonic jerking, ataxia, and Parkinsonian-like symptoms. Three subgroups have been identified which differ in the age of onset and order of presentation of the above symptoms—the early infantile (Sanavari), the late infantile (Jansky-Bielschowsky), and the juvenile (Spilnmeier-Sjogren). They are not ganglioside storage diseases and no enzyme defect has been identified, but a substance known as ceroid-lipofuscin is stored in cells in the CNS and elsewhere. This may be recognized in material obtained by brain biopsy and rectal biopsy and has particular histochemical and ultrastructural features. Our experience has shown that bone marrow biopsy is equally informative and more acceptable as a diagnostic procedure.


A series of over 500 amniocenteses for antenatal diagnosis analysed in Wessex was reported. There has been a dramatic increase in the number of diagnostic amniocenteses performed in Wessex since the first of them in 1971. In the years 1971–73, 89 analyses were
performed, but in the 2-year period 1974 and 1975, over 400 analyses have been performed.

Chromosomes were examined in all samples by Giemsa banding. Of 200 women over the age of 35 years, 2.5% were found to have trisomic fetuses. Of 6 parents carrying balanced translocations, none had fetuses with an unbalanced translocation, but 2 fetuses had balanced translocations. Of 123 pregnant mothers who had previously had a child with a neural tube defect, 4% were found to have a recurrence of neural tube defect in the current pregnancy, one had a fetus with trisomy 18. Amniocentesis was performed in other categories, including X-linked recessive disorders and previous chromosomal abnormalities. Performing amniocentesis under ultrasound control was associated with a very low complication rate.

The recent dramatic increase in demand for antenatal diagnosis shows no sign of levelling off and it can be predicted that there will be increasing needs for personnel and facilities for second trimester diagnostic amniocentesis.


It is now possible to identify the homozygotes for many inherited metabolic diseases by enzyme measurements on cultured skin fibroblasts and amniotic cells. However, it has not so far been possible to detect carriers for autosomal recessive disorders using these techniques.

Measurement of α-iduronidase activity on hair follicles shows that the values obtained for the presumed heterozygotes for Hurler's disease (parents of biochemically confirmed cases) are clearly distinguishable from normal subjects and from homozygotes. The study of hair follicles could therefore provide a means of identifying the carriers and be of value in genetic counselling. These results will be compared with parallel observations on white blood cells and fibroblasts.


A survey has been conducted of behavioural and emotional disturbance in 40 boys and 23 girls who regularly attend the asthma clinic at Hammersmith Hospital. Standardized questionnaires of proven reliability have been completed by the mothers and class teachers of the children, and mothers have answered a health questionnaire giving information about their own health and mental well being. Each child has completed a personality inventory and has been questioned about factors which trigger his asthma and how asthma affects his life. This information has been correlated with clinical and physiological evaluation of the children with particular emphasis on the severity of the asthma and adequacy of control by medication.

It was found that 34 of the 63 children had 'deviant' scores on parental or teachers' questionnaires suggesting an incidence of psychiatric disorder of approximately 30%. The severity of the asthma was not associated with deviant scores on these questionnaires or with a high score on the mothers' health questionnaires but there was a tendency for children with more severe asthma to have high introversion scores on the personality inventory. Poor control by medication was associated with deviant scores on parental and teachers' questionnaires (P < 0.5) and poorly controlled children tended to identify a larger number of triggers for their asthma (8 or more) than did the children who were well controlled by medication.

It is concluded that clinical judgement of adequacy of control by medication is associated with some degree of emotional or behavioural disturbance in the child but not with the child's personality. Clinical measures of severity of asthma per se are not related to any of the psychological measures.


Delayed recovery after an attack of acute gastroenteritis is an important clinical problem. In 1973, a prospective study of admissions to the gastroenteritis unit at the Queen Elizabeth Hospital for Children, found evidence of delayed recovery in 20.3% of admissions. Four clinical categories for delayed recovery were recognized. (1) Disaccharide intolerance; (2) prolonged nonspecific diarrhoea; (3) failure to thrive; (4) a miscellaneous group.

Age, sex, ethnic origin, and pre-existing nutritional state influenced the frequency and the type of delayed recovery that occurred.

Children in categories 2 and 3 have been grouped together under the term postenteritis syndrome (PES). This may be defined as persistent diarrhoea and/or failure to thrive with evidence of nutritional insufficiency, not due to disaccharide intolerance, occurring as a sequel to acute gastroenteritis. 25 children with PES diagnosed during 1974 and 1975 have had small intestinal biopsy performed. Persistent small intestinal mucosal damage was found in 15 children. The lesion was often patchy of variable severity.

The possible cause of this persistent mucosal damage has been investigated by immunofluorescent studies, counting interepithelial lymphocytes and by withdrawal of, and challenge with, cow's milk.

On the basis of these studies it is proposed that the persistently abnormal small intestinal mucosa found in these infants has been sensitized to various antigens either dietary, bacterial, or viral and that such sensitization is a temporary phenomenon.

Long-term results of congenital hydrocephalus unassociated with spina bifida. J. Lorber. Sheffield.

Between 1957 and 1968, 110 infants were treated for congenital hydrocephalus, unassociated with spina bifida or with other congenital malformations. Surgery was almost the invariable method of treatment. Up
Breast or bottle? Antenatal survey of influences affecting this decision. J. Partridge, G. Thompson, and Jennifer Thompson. Warwick.

A 76-item questionnaire, including items commonly believed to affect the method of infant feeding, was used to discover how breast feeding might be encouraged antenatally.

We interviewed 109 randomly selected women (multigravida and primigravida) at their first antenatal attendance (43% intended breast feeding) and again late in pregnancy (38%). 102 delivered successfully, 31% breast fed. 80% of the women followed their original choice.

Selected verbatim replies and statistical analysis were provided. Subsequent breast-feeding was highly significantly associated with planned pregnancy, spontaneous labour, previous breast-feeding, lack of embarrassment. Less significantly with social class, others' advice, others' example. Bottle feeding with extremes of age, grand multiparity, induced labour, husband's advice, 'figure consciousness'. No association with mother's own feeding in infancy, knowledge of benefits, early discharge, working after delivery, advertisements, and the media.

Most women thought breast feeding was cheaper, better for mother and baby emotionally and physically, though slower, harder to judge the quantity or leave the baby. These beliefs were minimally associated with outcome. 16% had never witnessed breast-feeding, 30% only in hospital.

To promote breast feeding, paediatricians should ensure that in antenatal clinics potential breast-feeding mothers are identified, and factors discouraging success reduced. Exhortation may be less successful; most women, aware of the benefits, nonetheless have already decided.


The aim was to investigate whether continuous phenobarbitone or a sedative/antipyretic preparation given at first sign of febrile illness was more effective in preventing febrile convulsions. Over a period of 10 years 482 children admitted with febrile convulsions were randomly allocated to one or other regimen and followed up if possible for 12 months. Follow-up of at least 6 months was achieved in 170 out of 236 cases in the phenobarbitone group and 193 out of 246 cases in the sedative/antipyretic group.

Dosage of phenobarbitone used: children less than 15 lb (6·8 kg.) 7·5 mg tds (minimum dose per kg 1·13 mg tds). Children from 15–30 lb 15 mg tds (dose per kg 1·13–2·26 mg tds). Children above 30 lb 30 mg tds (minimum dose per kg 1·13 mg tds).

The principal findings are summarized in the table. We conclude that under the conditions of this trial, continuous phenobarbitone is no more effective than ad hoc administration of a sedative/antipyretic mixture in preventing febrile convulsions; that probably neither regimen is particularly effective but that the sedative/antipyretic one may be more acceptable to patients and their parents.

<table>
<thead>
<tr>
<th>Phenobarbitone</th>
<th>Adequacy of dosage (% of total patients followed up &gt; 6 m)</th>
<th>% with no convulsions in 12 m</th>
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<tbody>
<tr>
<td>Full compliance with regimen</td>
<td>65·9</td>
<td>71·6</td>
</tr>
<tr>
<td>Incomplete compliance with regimen</td>
<td>34·1</td>
<td>65·1</td>
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Recent advances in paediatric neurology. A plenary session was presented by the British Paediatric Neurology Association.


GROUP SESSIONS

British Association for Paediatric Nephrology

A contemporary view of glomerulonephritis. J. S. Cameron.

Focal glomerulosclerosis. R. H. R. White.


Plasma amino acid concentration in children on haemodialysis. R. Counahan, C. Chantler, and M. El-Bishiti.

Dietary intake and growth in the uraemic piglet.

P. R. Betts.

Clues to pathogenesis of steroid-sensitive nephrotic syndrome. J. F. Soothill.

Treatment of primary hyperoxaluria type 1. J. A. Troelstra.

Renal stones from 2,8 di-OH adenine in a boy with complete deficiency of the enzyme APRTase. K. van Acker, H. A. Simmonds, and J. S. Cameron.

Growth in hypophosphataemic rickets: a longitudinal study. R. Steendijk.


British Paediatric Nutrition, Metabolism, and Pharmacology Group

Clinical and biochemical assessment of a modified evaporated milk for infant feeding. N. R. Belton.


Lead levels in children of Asian and European parents. E. de H. Lobo.

Comparison of breast feeding patterns in the first week of life between ‘clock’ fed and ‘demand’ fed babies. J. D. Baum.

Effect of nutrition, gestational age, and sex on babies' hair growth. H. M. Berger.

Clinical and biochemical observations on a patient with arginosuccinuria. F. Beemer.


British Paediatric Respiratory Group


Determinants of respiratory function in healthy children. J. E. Cotes.

Diagnosis of bacterial pneumonia in Nigeria. M. Silverman.

Crippled lung disease after measles and adenovirus infection. J. Warner.

Adolescent and adult cystic fibrosis. P. Mitchell-Heggs.

Ventilatory capacity in children with cystic fibrosis. M. S. Mearns.


Alternating positive and negative pressure ventilation in treatment of hyaline membrane disease. T. H. McDonald, J. S. Paton, and A. Shaw.

British Paediatric Tropical Child Health Group

Severe malnutrition in children in Gambia. J. M. Parkin.

Psychosocial background in kwashiorkor in Uganda. J. Goodall.

Aspects of immunity in protein energy malnutrition. B. Heyworth.

Evaluation of under-fives clinics in Africa. P. Senanayika.

Errors in assessing nutritional status using weight measurements. P. A. Sykes.

Prognosis for extremely low birthweight babies in Jamaica. J. R. Moore.

Magnesium metabolism in homozygous thalassemia. S. Sybrakis.

Observations of sickle cell disease in Uganda. C. Ndugwa.


Hearing conservation in Australian aboriginal children. T. J. Rendle-Short.

British Paediatric Immunology Group

Diphenylhydantoin and immune response. L. J. Dooren.
IgA deficiency in phenytoin-treated epilepsy. J. Seager, J. Wilson, A. R. Hayward, J. F. Soothill.


Role of glutathione in granulocyte host defence mechanisms. R. S. Weening.

Defective opsonization, a common immunity deficiency. J. F. Soothill and B. A. M. Harvey.


RAST and allergen identification. J. K. Sarisfield.

British Community Paediatricians Group

Consultant community paediatrician. I. C. S. Normand.


Consultant community paediatrician: pathways and pitfalls. P. Crawley.

Use of Glasgow hospital beds by children aged less than 1 year. H. Snook.

Preventability in hospital deaths. J. Oakley.


Epidemiology of febrile convulsions in Oxford. P. Harker.

Visual evaluation and computer analysis of EEG in normal schoolchildren and schoolchildren with primary reading retardation. J. J. van Gemund.

British Paediatric Endocrinology Group


Catch-up growth in cortisone treated rats: effects of calcium and vitamin D. I. Mitchell, and D. G. D. Barr.


24-hour profile of diabetic control in children with diabetes mellitus. N. Griffin, A. Spanos, P. Jenkins, R. Turner, and J. D. Baum.


British Paediatric Gastroenterology Group


Investigation of bile acid excretion in congenital intermittent intrahepatic cholestasis. M. Sineasappel.


Analysis of morphometric and cell-counting techniques in biopsies of the small intestine. D. N. Challacombe, and K. Robertson.


Studies of digestion and absorption in preterm infants. J. Glasgow, H. Dinsmore, and A. Molla.


Crohn's disease in the young. D. P. O'Donoghue, and A. M. Dawson.


Do essential fatty acids play an important role in cystic fibrosis? J. G. Yassa, R. Prosser and J. A. Dodge.

Porcine pancreatic extract—a source of salmoneillosis. A. Lipson, and J. T. Harries.

British Paediatric Oncology and Haematology Group

Serum alpha-fetoprotein and carcinoembryonic antigen levels in solid tumours of childhood. S. G. N. Richardson.


Adjuvant chemotherapy in some childhood solid tumours. J. S. Malpas.


Triose-phosphate isomerase deficiency. I. M. Hann.


Serial studies of lymphocytes in children with acute lymphoblastic leukaemia. M. M. Reid.

CML, ALL and the Philadelphia chromosome: some puzzles. P. J. Kearney.

Giant cell pneumonia in children with acute lymphoblastic leukaemia in remission. M. J. Lewis.

Long-term control of CNS leukaemia with intrathecal methotrexate. J. M. Chessells.

British Paediatric Neurology Association

Inborn error of muscle-metabolism presenting as mitochondrial myopathy or lipid myopathy. R. C. A. Sengers.

Neonatal convulsions—prospective study. J. Dennis.


Winking seizures? Paroxysmal eye closure since the moment of birth. J. B. P. Stephenson.


Application of quantitative electromyography to paediatrics. D. Smyth.

Hearing loss after treatment of Haemophilus influenzae. E. Jones.
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