The Scottish Paediatric Society

At the Summer Meeting held in the Royal Infirmary, Dundee, on 21 May 1971, the President, Dr. Patrick MacArthur, was in the Chair. The titles of the clinical demonstrations were as follows:

Intracranial arteriovenous fistula, by Sandra E. Noble (introduced), *Perth Royal Infirmary, Perth.*

Calcinosis universalis, by S. G. F. Wilson, *Royal Infirmary, Dundee.*

Intestinal pneumatosis, by C. H. M. Walker, *Royal Infirmary, Dundee.*

Congenital tuberculosis, by D. C. L. Savage, *Royal Infirmary, Dundee.*

Chronic myeloproliferative disease, by W. R. McWhirter, *Maryfield Hospital Dundee.*

Abstracts of Papers

Infections due to *Mycoplasma pneumoniae* in children. H. H. Bain (introduced), Sheila Stewart (introduced), and H. Simpson. (*Royal Hospital for Sick Children, Edinburgh.*) The aetiological importance of *Mycoplasma pneumoniae* in acute respiratory disorders in children is recognized. Of 112 children with acute respiratory tract infections admitted to a single medical ward at the Royal Hospital for Sick Children, Edinburgh, during the period 1 October 1970 to 31 March 1971, 17 (15%) showed evidence of mycoplasma infection on the basis of blood complement-fixation tests. Positive tests were also obtained in 3 of 30 in-patients with asthma. The clinical, radiological, and epidemiological aspects of these and an additional 30 cases (total 50) were discussed.

Neonatal bacteraemia. Margaret G. MacMillan (introduced). (*University Department of Child Life and Health, Royal Hospital for Sick Children, Edinburgh.*) During an 8-month period (June 1970–January 1971) 215 infants from a total newborn population of 3236 were subjected to blood culture and treated with antibiotics: 92 infants had positive blood cultures. In 38 (49%) positive cultures were from indwelling umbilical vessel catheters and, in 54 (39%) with no catheters, from sagittal sinus blood. Cultures from 38% of the catheter tips after removal grew bacteria. Most infants were treated with cephalixin. Plasma cephalixin concentrations well in excess of 8 µg/ml were achieved within 2 hours and maintained for longer than 12 hours, after 15 mg/kg body weight orally. 12 infants (9 with umbilical catheters) had positive cultures while having adequate

treatment, but septicaemia was a contributory factor in only 2 of 25 deaths recorded and the sole cause in 1.

Studies of antibodies to food protein in coeliac disease. F. Carswell (introduced), Anne Ferguson (introduced). (*University Department of Child Health, Royal Hospital for Sick Children, Glasgow.*) Studies of antibodies to food protein were carried out using precipitin and tanned red cell agglutination tests on the blood and small intestinal secretions of children. Three major groups were studied, viz. those with coeliac disease, those in whom this diagnosis was initially suspected but subsequently rejected, and those without clinical evidence of coeliac disease. 10 food products were tested—gluten, wheat, cornflower, oats, rice, milk, sheep serum, calf serum, egg white, and egg yolk. The children with coeliac disease had a higher incidence of food antibodies in their sera and secretions than the other groups. Many had antibodies to more than one test substance. The antibodies detected in the intestinal secretions were sometimes different from the antibodies in the blood. Though the presence of food antibodies is not pathognomonic of coeliac disease, these tests could be useful in screening for the disease. Food antibodies were found in some patients, subsequently shown to have coeliac disease, who had normal whole blood folate levels or normal barium study appearances.

The dystonic syndrome of the low birthweight infant. J. K. Brown and C. M. Drillien. (*Royal Hospital for Sick Children, Edinburgh.*) It is well documented that low birthweight confers a disadvantage and may result in major mental and neurological handicaps or in minor impairments of behaviour and learning abilities. In assessing the long-term effects of the more aggressive approach to management in special care units, it would obviously be an advantage to be able to diagnose minor cerebral damage or dysfunction before the child reaches school age. During a follow-up study of low birthweight infants, it was found that maturation of some infants followed an abnormal pattern. These infants showed an increase in extensor muscle tone and a retention of primitive reflexes, usually up to 8 to 10 months. This extensor dystonia was more common in males, in small-for-dates infants, and in those with congenital malformations. The incidence increased with decreasing birthweight; the earlier it appeared the more likely was it that there would be permanent sequelae. These infants may easily be diagnosed as having severe cerebral palsy in the first months of life, and yet prove to have no significant handicap at later ages. Follow-up studies

showed that the dystonic syndrome may completely disappear, or be replaced by truncal ataxia, or by mild diplegia. Infants who were dystonic in the first year showed an overall retardation in DQ at 1 year. In the second year 33% of those who had been dystonic

showed overactive behaviour compared with 4% of those who had not exhibited this feature. Apart from the value of this dystonic syndrome as an early indicator of cerebral dysfunction, it may also predict those children who will later have schooling problems.

The following articles will appear in future issues of this journal:

Citrullinaemia in a Newborn with Rapidly Fatal Course. By S. P. M. van der Zee, J. M. F. Trijbels, L. A. H. Monnens, F. A. Hommes, and E. D. A. M. Schretlen.

Personal Practice: Intravenous Feeding in Infants. By J. T. Harries.

Chest Reconstruction in Thoracic Dystrophy. By N. D. Barnes, D. Hull, A. D. Milner, and D. J. Waterston.

Intestinal Dipeptide Hydrolase Activities in Undernourished Children. By V. Kumar, O. P. Ghai, and H. P. Chase.

Cross-infection in Infantile Gastroenteritis. By A. G. Ironside, J. Brennand, B. K. Mandal, and B. Heyworth.

Immunoconglutinin and Complement Studies in the Congenital Nephrotic Syndrome and the Nephritis of Henoch-Schönlein Purpura in Children. By S. T. Shulman, T. M. Barratt, and J. F. Soothill.

Aspiration Due to Difficulty in Swallowing. N. Matsaniotis, J. Karpouzas, M. Tzortzatou-Vallianou, and E. Tsagournis.

Prolonged Neonatal Jaundice in Cystic Fibrosis. H. B. Valman, N. E. France, and P. G. Wallis.

Relationship Between Maternal and Infant Blood Folate Activities. By M. J. Landon, and A. Oxley.

A Growth Chart for Premature and Other Infants. By D. Gairdner and J. Pearson.

The Effect of Human Growth Hormone Treatment for 1 to 7 Years on the Growth of 100 Children, with Growth Hormone Deficiency, Low Birthweight, Inherited Smallness, Turner's Syndrome and Other Complaints. By J. M. Tanner, R. H. Whitehouse, P. C. R. Hughes, and F. P. Vince.

Copper Poppers; a Benign Cause of Blue Diapers. By N. R. M. Buist, D. A. Ramberg, J. J. Strandholm, and P. C. Ferry.

Dosage of Oral Salbutamol in Asthmatic Children. By N. M. Connolly.

A- β -lipoproteinaemia and Colourblindness. By A. K. Khachadurian, R. Freyha, M. M. Shamma'a, and S. A. Baghdassarian.

Five-hour Oral Glucose Tolerance Test in Obese Children. By J. M. Court, M. Dunlop, I. Leonard, and R. F. Leonard.