8. MATTERS CONCERNING GOVERNMENT DEPARTMENTS

(a) *Department of Health and Social Security*: The Association was greatly saddened by the loss of Dr. F. Riley who was the Department's Observer at the time of his death. Dr. Eileen Ring replaced Dr. Riley and has been of great assistance.

During the year the Association has presented written evidence to several enquiries, and made formal or informal comments upon reports from the Department. These include:

- (i) The Green Paper on the Structure of the National Health Service.
- (ii) Committee on Domiciliary Midwifery and Maternity Bed Needs (Peel Committee).
- (iii) Committee on Nursing (Asa Briggs Committee).
- (iv) Working Party on Medical Administrators (Hunter Working Party).
- (v) Committee on the Use of Fetuses, Fetal Organs, and Tissues for Research.

The Association has been consulted on matters concerning poisoning in childhood, rubella surveillance, and special care baby units. Members of the Association have either as representatives of the Association or as individuals served upon Departmental Committees, Working Parties, and Expert Panels.

Council is also grateful to the Scottish Home and Health Department and to its Observer, Dr. Mabel Mitchell, for help and advice. Dr. Jenkins of the Welsh Office has been most helpful as Observer.

(b) *Department of Education and Science*: Council is grateful to Dr. T. Kingsley Whitmore for advice.

(c) *General Register Office*: Discussions have been held regarding the certification of cot deaths.

9. MATTERS CONCERNING OTHER ASSOCIATIONS AND OFFICIAL BODIES

1. *Royal College of Physicians*: (a) Joint Committee on Higher Medical Training: the Association is represented on the Specialist Advisory Committee on Paediatrics by Dr. F. S. W. Brimblecombe, Dr. A. D. M. Jackson, Professor T. E. Oppé, and Dr. J. W. Platt.

(b) Paediatric Committee: the Association's representatives are The President, Professor S. D. M. Court, and Dr. A. D. M. Jackson.

Council is satisfied that through the Association's formal representation on these Committees, and through individual members of the Association who also serve upon them, the views of the Association on post-graduate training, specialist accreditation and other relevant matters are fully considered.

2. *Royal College of Obstetricians and Gynaecologists*: (a) the Working Party, set up on the initiative of the Association, has considered with representatives of the nursing profession the requirements for post-certificate training of nurses in special care of the newborn. A report will be made to the Board of Clinical Nursing Studies.

(b) Evidence was prepared for the enquiry on the Unplanned Pregnancy undertaken by the R.C.O.G.

3. *Royal College of General Practitioners*: The joint Working Party (Dr. W. Henderson and Dr. White

Franklin) has continued its investigation into the medical needs of children and has received a grant from the Rowntree Trust.

4. *Confederation Européenne des Syndicats Nationaux Associations et Sections Professionnelles de Pédiatres (C.E.S.P.)*: until Britain becomes a member country of the European Common Market, the Association participates only as an observer. Professor A. Holzel and Dr. D. MacCarthy have acted as representatives and reported upon the probable paediatric consequences of entry into the Common Market.

The Annual Meeting considered a memorandum from Council and approved the proposals (i) that the President should serve for three years; (ii) that Council would favourably consider nominations of Senior Registrars and Lecturers for Ordinary Membership of the Association.

Scientific Sessions

Scientific sessions were held in the Spa Theatre, Scarborough, on Thursday and Friday, 22 and 23 April and the following communications were presented.

S. R. MEADOW (Leeds). 'Schönlein-Henoch Syndrome and Kidney Disease.' Schönlein-Henoch syndrome is a common condition of childhood. Though the obvious manifestations involve the skin, joints, and alimentary system it has become clear that the main mortality and morbidity are from renal complications. The syndrome causes some of the most aggressive renal disease that is seen in children.

Children referred with renal problems associated with Schönlein-Henoch syndrome have been studied prospectively. A detailed clinico-pathological study has been completed on 88 such children all of whom had full renal investigation including biopsy. Most of them have been followed up for 2 years and several for much longer.

Severe renal disease was commonest above the age of 6. Thirty-four children had nephrotic syndrome, 35 had severe acute nephritis. Yet only 3 children died. Two years after onset most appeared completely normal, or had minor urinary abnormalities. Only 8 had diminished renal function or hypertension. Prolonged follow-up does not suggest that progressive renal failure is occurring in those with minor urinary abnormalities.

The children had a variety of treatments. Corticosteroids do not appear to help the renal disease. The role of cytotoxic drugs is uncertain.

Renal biopsy within 3 months of onset gives a reliable indication of the prognosis.

However severe the initial illness it is worth great effort to steer the child through the acute phase for the long term outlook is much better than has previously been thought.

R. H. R. WHITE and E. F. GLASGOW (Birmingham). 'Focal Glomerulosclerosis—A Progressive Lesion Associated with Steroid-Resistant Nephrotic Syndrome.'

In a recent study of 145 nephrotic children (White, Glasgow, and Mills, 1970) we reported focal and seg-

mental, non-proliferative sclerosing lesions ('focal glomerulosclerosis') in 12 instances. Its recognition is important since it is a progressive condition showing almost total lack of response to therapy. The fully developed lesion is characterized by partly and completely sclerosed glomeruli as well as normal glomeruli, with tubular atrophy and interstitial fibrosis. Though early lesions may not be distinguishable on light microscopy from minimal changes, this latter condition can usually be ruled out on clinical grounds, and by the appearance of localized thinning as well as thickening of the capillary basement membrane, on electron microscopy.

We have now observed the lesion in 18 children, aged 2 months to 14 years at onset; 13 were girls. Thirteen had the nephrotic syndrome, 3 a mixed nephritic-nephrotic presentation, and 2 symptomless proteinuria. Thirteen had haematuria and 8 hypertension. Proteinuria selectivity was impaired in 16 out of 17 cases; serum β_{1c} -globulin levels were normal. One child out of 16 responded to corticosteroids and is still in remission. None responded to either cyclophosphamide or azathioprine. Three have died, one is on dialysis and three have renal insufficiency. The remaining 10 have persistent proteinuria.

REFERENCE

White, R. H. R., Glasgow, E. F., and Mills, R. J. (1970). Clinicopathological study of nephrotic syndrome in childhood. *Lancet*, **1**, 1353.

P. M. DUNN (Bristol). 'Congenital Dislocation of the Hips and Congenital Renal Anomalies.'

Since Potter's first report in 1946 there have been many publications concerned with the presence at birth of various facial and musculoskeletal deformities in babies with congenital renal anomalies.

Clinicopathological and statistical studies made by the writer over a 10-year period strongly support the widely held view that these various deformities occur as the result of pressure because of oligohydramnios due to fetal oliguria or anuria.

Among the cases studied were 12 infants that were also noted to have congenital dislocation of the hips (CDH) at birth. All these infants died soon after birth. Postmortem examination revealed a wide range of renal and urinary tract malformation. Dissection of the hip-joints confirmed the clinical diagnosis in every case and displayed a spectrum of pathology which illustrates the progression from mild hip-joint instability to the 'late' CDH changes normally associated with cases that remain untreated for two or more years.

This association between anomalies of the kidneys and urinary tract and CDH does not appear to have been noted in previous reports. Its importance lies particularly on the light it throws on the aetiology of congenital dislocation of the hips.

W. HAMILTON (Glasgow). 'Re-appraisal of Salt-Losing and Non-Salt-Losing Variants of C21-Hydroxylase Deficiency.' To be published elsewhere.

C. B. MODELL introduced by PROFESSOR L. B. STRANG (London). 'Management of Thalassaemia Major.'

Information was obtained from: (1) a population study of Greek Cypriots in London; (2) a long-term study of 25 patients with thalassaemia-major (including red cell survival and iron excretion measurements), and (3) biochemical studies of Hb synthesis.

The population study yielded an estimate of 15% for frequency of the β -thalassaemia gene. The clinical and biochemical investigations indicate that most of the effects of the disease can be explained by the combination of anaemia, excessive iron loading, and an overactive but ineffective bone marrow. A high transfusion policy, in combination with the vigorous use of iron-chelating agents can make thalassaemia-major a disease with a good prognosis, and lead to avoidance of most of the complications.

C. B. S. WOOD introduced by PROFESSOR N. R. BUTLER (Bristol). 'Serum IgE Concentration in Asthma and its Clinical Significance.' To be published.

P. T. BRAY (Cardiff). 'Review of Histiocytosis-X.'

The paper reviews the clinical, pathological, and radiological features of 32 cases currently included in the diagnostic class of 'Histiocytosis-X'. The material comprises examples of Letterer-Siwe disease, Hand-Schüller-Christian syndrome, eosinophilic granuloma, and various atypical instances.

The effects of treatment by surgery, radiotherapy, steroids, and chemotherapy are discussed. Follow-up findings are also given, extending up to 17 years from diagnosis. Arguments are presented for and against the validity of the overall concept of 'Histiocytosis-X', together with indications for active therapy, and guides to prognosis.

J. M. TANNER (London). 'Isolated Growth Hormone Deficiency; Differential Diagnosis and Treatment with Human Growth Hormone.' To be published.

H. B. VALMAN introduced by DR. R. J. K. BROWN (London). 'Plasma Amino Acids in Small Infants on Various Protein Intakes.' To be published.

NINA A. J. CARSON introduced by PROFESSOR I. J. CARRÉ (Belfast). 'Diagnosis and Management of Hyperphenylalaninaemia.'

Mass screening of newborn infants by the use of the Guthrie microbiological inhibition assay technique on blood spots has only recently been generally adopted in centres throughout Great Britain. Experience of diagnosis and treatment of this disorder may be limited in some of these centres due to the relatively small number of infants screened.

In any mass screening survey there must be, in addition to the collecting and testing of specimens, facilities for confirming abnormal results and monitoring treatment. Close collaboration between the people involved in these various procedures is essential. The organization of such a team is described and the results of screen-