Southampton. 'Familial incidence of bifid and double ureters.' Published in full in the *Archives*, **49**, 390.

M. DUNN and M. H. GOUGH. The Radcliffe Infirmary, Oxford. 'Pre- and postoperative medication in day-case surgery'. A prospective blind trial of pre- and postoperative medication for children undergoing relatively minor surgical procedures under general anaesthesia was described. Over two-thirds of the children required no postoperative medication either in hospital or later at home. The children ranged in age from 10 weeks to 14 years. A standard oral premedication of trimeprazine 2 mg/lb body weight, and atropine 0.1-0.4 mg according to age and weight, was given 2 hours before operation. General anaesthesia was induced by intravenous thiopentone and maintained by nitrous oxide and halothane without intubation. The postoperative analgesic was selected blindly and was dispensed before the child was taken to the operating theatre so that it could be given in the recovery ward if necessary. The analgesics used were pethidine, mefenamic acid, and soluble aspirin which had been specially prepared in paediatric dosage and made palatable. A large variety of operations were performed including circumcision, hernia repairs, and orchiopexy. All these children were treated on a day basis and none needed to stay in hospital overnight.

J. J. CORKERY. The Children's Hospital, Birmingham. 'Some social aspects of day-case surgery'. A personal series of 900 consecutive surgical day-cases, operated upon during a 4-year period, has been analysed with respect to diagnosis, age, postoperative morbidity, and child's parents' reaction to the procedure, social class, distance of home from hospital, and transport arrangements on day of operation.

H. B. VALMAN. Northwick Park Hospital, Harrow. 'Long-term management after resection of ileum'. 12 children who have survived resection of more than 45 cm of ileum (8 during the neonatal period and 4 later in childhood) have been reassessed at periods between 3 and 16 years. 2 children received low-fat/high-protein diets and vitamin supplements for 9 and 13 years after resection in the newborn period and showed no advantage in growth compared with those who had a normal diet 2 years after the resection. Though the older children still have steatorrhoea, radiological evidence of rickets was not found in any patient.

Impaired absorption of vitamin B₁₂ has been shown by a whole body counter technique in 7 of 10 children; and in one of these overt vitamin B₁₂ deficiency occurred at puberty. Urinary oxalate excretion was raised in 4 of 10 patients. 6 of the 8 children who had a resection in the neonatal period had normal intelligence as assessed by the draw-a-man test. After resection of the ileum reassessment is desirable at least once a year until after puberty to detect vitamin B₁₂ deficiency and hyperoxaluria.

P. M. JONES and J. E. S. SCOTT. Royal Victoria Infirmary, Newcastle. 'Disseminated intravascular

coagulation complicating surgery in childhood'. Disseminated intravascular coagulation (DIC)—synonyms defibrination syndrome, consumptive coagulopathy—is a recognized complication of a wide range of pathological states. In paediatric practice DIC is found most commonly in septicaemia, shock, the haemolytic uraemic syndrome, and severe haemolytic disease of the newborn. With the continued application of refined surgical and medical techniques in the management of severely ill babies the incidence of DIC will increase. Early diagnosis is essential to prevent irreversible haemorrhage and/or ischaemia of vital organs.

The history of a 19-week-old male infant was reviewed as an example of the presentation, diagnosis, and management of DIC. After reduction of an ileoileal intussusception and resection of a 10 cm length of necrotic ileum, bleeding from venepuncture sites and bruising were noted. The results of haemostatic function tests were consistent with a diagnosis of DIC with prolongation of clotting times, raised fibrin(ogen) degradation products, and thrombocytopenia. While heparin therapy successfully blocked DIC, thrombocytopenia persisted and the postoperative course was further complicated by peritonitis and jaundice. The child died on the 10th day, necropsy confirming necrotizing enterocolitis with anastomotic perforation.

The management of DIC raises problems of venous sampling, the interpretation of laboratory findings in the presence of concomitant liver disease and thrombocytopenia from other causes, and the indications for, and monitoring of, heparin and blood product therapy.

R. BAYSTON. The Children's Hospital, Sheffield. 'Effects of cloxacillin on the flora of the skin and anterior nares'. On the assumption that the reduction of skin flora might lessen the risk of shunt colonization after revision procedures on ventriculoatrial shunts, a pre-operative course of a suitable antibiotic has sometimes been recommended.

A study of the effect on growths from forehead pad impressions and swabs from the anterior nares was made on 2 patients and 5 volunteers treated with cloxacillin for 1-11 days. *Staphylococcus pyogenes* when present on the skin disappeared during the course in all cases: it was not always eliminated from the nose. No *Staph. pyogenes* became resistant to cloxacillin. All the cases grew *Staph. albus* both in the nose and on the skin. The 2 children had resistant strains but all strains at the beginning of the trial in the adults were sensitive to most antibiotics. Two adults showed resistant strains during the course but these did not become established. 'Faecal' organisms not normally seen on the forehead appeared in both children and 2 adults: these disappeared at the end of the course. In 2 children and 3 adults diphtheroids appeared in the nose or forehead at some time during the trial and tended to persist. No effect was observed on the numbers of organisms present in either site. The additional organisms replaced some of the original organisms but flora present before treatment persisted throughout the course.