BRITISH PAEDIATRIC ASSOCIATION

PROCEEDINGS OF THE FIFTEENTH ANNUAL GENERAL MEETING

The Fifteenth Annual General Meeting was held in the Council Chamber, Town Hall, Llandudno, on Friday, May 14, 1943.

Business proceedings: The President, Prof. L. G. Parsons (Birmingham), was in the Chair and the following members were present.


Apologies for absence were received from the following members: Drs. Brookfield, Brown, Cameron, Caulley, Craig, Franklin, T. Y. Finlay, Harris, Hobhouse, Marshall, Morris, Nabarro, Ogilvie, Poynton, Pritchard, Rogers, Steen, Thursfield and Vining.

The Minutes of the last Meeting (Extraordinary Meeting) held on December 12, 1942, were read and confirmed.

The following were unanimously elected by ballot:—

President.—Professor L. G. Parsons (re-election).

Secretary and Treasurer.—Dr. Donald Paterson.

Executive Committee:

MEMBERS FOR LONDON: Dr. Alan Moncrieff. Dr. E. Bellingham Smith (in place of Dr. Wylie).

MEMBERS FOR PROVINCES: Dr. J. C. Spence. Dr. A. G. Watkins.

MEMBER FOR SCOTLAND: Dr. G. Fleming (in place of Dr. S. Graham).

MEMBER FOR IRELAND: Dr. F. M. B. Allen (in place of Dr. W. R. F. Collis).

The President reported that following the resignation of Dr. Maitland-Jones from the secretariot, the Executive Committee had placed on record their appreciation of his services during his period of office, and asked Dr. Maitland-Jones to accept the grateful thanks and appreciation of all members of the Association.

The Secretary submitted the report on the Executive Committee’s activities since the meeting on December 12, 1942. It was resolved that a copy of this be circulated to all members (see below).

The Treasurer’s Report was submitted and circulated showing a balance in hand of £89 13s. 3d. (including a sum of £56 16s. 5d. due from the Ministry of Health in respect of the Survey on Rickets) plus the sum of £100 invested by the Association in 3 per cent. Savings Bonds.

It was resolved that the date and place of the next meeting be left in the hands of the Executive Committee.

Dr. Sheldon said he would like to place on record the Association’s appreciation of the activities of the Executive Committee during the past year.

The President asked Dr. Bray to accept the very grateful thanks of the Association for his most generous gift in endowing the Lectureship, to be known as the George Frederic Still Memorial Lecture, to be given biennially at the Annual Meetings of the Association.

Report of the Activities of the Executive Committee from December 12, 1942 to May 14, 1943, by the Secretary.

Mr. President and Gentlemen,

The last report of the Executive Committee was given on December 12, at the Extraordinary Meeting held at the Royal Society of Medicine on that date. Since then your Executive Committee has met on five occasions, four of these meetings being in London.

One of the current problems which your Executive Committee has been dealing with is Neonatal Mortality. A Joint Standing Committee has been set up, comprising seven members of the Royal College of Obstetricians and Gynaecologists and eight members of the British Paediatric Association: this Committee is now considering the Association’s Report, and aiming at drawing up a fuller communication.

Vitamin D: Representatives of the Ministry of Food met your Executive Committee and discussed the new double dosage of cod liver oil, and the revision of the label appearing on the bottles.

Safe milk: Your Executive have continued to press for safe milk.

Tuberculosis: The Association’s Report on the Early Diagnosis of Tuberculosis in Childhood has been circulated to all members of the Association, and in addition to most of the children’s hospitals, or departments of general hospitals, for the consideration of the medical committees. The report is being considered later this month by the Association of Tuberculosis Officers. We have already met the Invalid Children’s Aid Association’s representatives, and also representatives of the Hospital Almoners Association regarding this report, discussing in particular the convalescence of cases with a primary tuberculous infection.

The Executive look forward with much interest to the possibilities of closer co-operation with Public Health Services as a result of this report.

Rickets: You will be hearing details of the rickets survey later to-day. The investigation appears to have gone extremely well.

Royal College of Physicians: You have received a copy of the Memorandum prepared by the Executive Committee for the College on Paediatrics in the Curriculum. A deputation is to wait on the College at some future date.

Accommodation for neonates: You have also received a copy of a report on an ideal scheme for the accommodation of newly born infants in a maternity hospital. This report was prepared for the Goodenough Committee. You have also received a copy of the evidence prepared by Prof. C. McNeil for this same Committee.

Planning commission: You have also received a copy of the evidence prepared for this commission by Prof. C. McNeil.

Hospital architecture and the part it plays in the prevention of infection in children’s wards: A questionnaire was drawn up and submitted to Prof. F. Fraser of the E.M.S., and this has been circulated to all the hospital superintendents in certain Sectors.

154
Rheumatism: The report on this subject has been received and circulated, and is to be considered at the present meeting (see below).

The relationship of clinical paediatrics and child psychology: The Executive Committee considered the report prepared by Dr. D. W. Winnicott, in collaboration with Major Mildred Creak and Dr. Alan Maberley (as circulated), and decided that this report should be considered at the Annual General Meeting.

George Frederic Still memorial lecture: The Executive Committee accepted on behalf of the Association, a sum of £30, which has been invested to yield a biennial income of £15. This gift was from Dr. George Bray, who in addition gave a further sum of £21 in order that the inaugural Lecture could be given this year. The Executive Committee feels that the Association is deeply indebted to Dr. Bray for his thoughtfulness and generosity.

Finally, it was with deep regret that the Executive received the resignation of Dr. A. Maitland-Jones from the Secretarvship, and a resolution, expressing their deep gratitude for his efforts on behalf of the Association was passed unanimously and placed on record.

DONALD PATerson, LOCum SECRETARY.

Scientific proceedings:—

1. DR. PERSE Williams (London): 'The fate of the fat boy.' Observations on obesity in children recorded in papers on this subject have usually ceased at the age of 14 years. Records of boys attending a large secondary day-school in London whose progress has been followed up to the age of 16 — and in many cases 18 years have been analysed. In the ten years up to 1935 the average number of obese boys was 1-3 per cent. In the five years 1935 to 1940 the yearly average was 5-3 per cent. No explanation has yet been found for this marked increase.

Total fully observed: 58 of whom 31 per cent. were Jewish, evidence of a racial factor.

34-4 per cent. were from 10-20 per cent. overweight.
34-4 per cent. were from 21-30 per cent. overweight.
24 per cent. were from 30 per cent. upwards overweight between 12-14 years of age.

Between 16 and 18 years for the same group:—
24-1 per cent. were from 10-20 per cent. overweight.
13-8 per cent. were from 21-30 per cent. overweight.
8-6 per cent. were from 30 per cent. upwards overweight.
53-3 per cent. were within 10 per cent. of average weight.

Full genital development had taken place in 93-1 per cent. and was well advanced in 5 per cent. When an infection such as those caused by scarlet fever or other streptococcal infection, or diphtheria had preceded the onset of obesity the return to normal weight was definitely more slow. The vast majority of the boys had not received any special treatment.

[Note: It was resolved that a subcommittee be set up, with a view to compiling a revised height and weight table.]

2. DR. ELEANOR PECK (London) (introduced by Dr. DONALD Paterson): 'Some observations on the treatment of coeliac disease with parenteral B complex and crude liver.' Clinical and biochemical evidence has been offered by May et al. in Boston to show that normal fat and carbohydrate absorption can be restored in children with coeliac disease by alternate daily injections of 2 c.c. of crude liver extract and 2-4 c.c. of vitamin B-complex (Lederle) even when normal diets are maintained in periods varying from three to six weeks. A small number of cases are in the process of treatment in a like manner at the Hospital for Sick Children, Great Ormond Street. So far no deaths have occurred in the treated group which represent a variety of cases from the very early cases of those 4 to 5 years duration. Preliminary observation seems to show that definite clinical improvement takes place. Decreased irritability and improved emotional balance usually ensued first. The stools decreased in number and improved in appearance. The total content of fat and the crumbly material usually returned to within the normal range. Gains in weight and improved appetite, sometimes to the point of being ravenous, occurred, but sometimes the weight fluctuated or remained stationary. Abdominal distension did not vary greatly in the period of treatment. The length of treatment had to be varied with the clinical progress. Early cases seemed to do well with three weeks of therapy whereas the more stubborn cases required six weeks or even longer. At the completion of the period of parenteral therapy all patients have been given large doses of vitamin B-complex by mouth. The preparation used was B-plex (John Wyeth & Brother). The period of observation in these cases is short and it is not yet known whether in some cases the treatment will have to be repeated or further prolonged or if some type of maintenance therapy will have to be continued indefinitely at least during the period of growth, perhaps the individual. At the present moment the results are sufficiently encouraging to warrant trial of the therapy elsewhere provided the necessary materials can be obtained.

3. DR. F. M. B. ALLEN (Belfast): 'Neonatal mortality in a maternity hospital.' In a review of 6314 babies born in the Royal Maternity Hospital, Belfast, in the four years 1939-1942, there were 5621 full term with 61 deaths (mortality 1-07 per cent.) and 663 immature births with 126 deaths (mortality 19 per cent.). The mortality amongst immature births during these four years had been reduced from 29-8 per cent. to 16-3 per cent., having previously (1937) been 41-4 per cent. An analysis of the cause of death amongst the 161 full time showed congenital malformations: 26 (42-6 per cent.), intracranial haemorrhage: 14 (22-9 per cent.), infection: 7 (11-5 per cent.), respiratory distress: 5 (8-2 per cent.), meningitis: 7 (11-5 per cent.) and various: 9 (14-9 per cent.). A similar analysis of the cause of death amongst the 126 immature births showed the cause of death was prematurity: 75 (59-9 per cent.), infection: 19 (15-0 per cent.), congenital malformations: 15 (11-1 per cent.), intracranial haemorrhage: 11 (8-7 per cent.), respiratory distress: 4 (3-1 per cent.), various: 3 (2-4 per cent.). Particular interest is centred on the high proportion of congenital malformations, which accounted for 40 out of 187 deaths. It was shown that deaths amongst immature infants were not particularly related to the weight at birth, but that mortality was more important as regards survival: and also that the first twenty-four hours were especially critical in that an even higher proportion of the deaths occurred before the second day. It is suggested that there is a 'hard core' of 'neonatal mortality due to congenital malformations which is ineradicable and also that the co-operation of obstetricians should be sought to secure infants of maximum maturity consistent with the mother's safety.

4. DR. JANET GIMSON (London) (introduced by Dr. DONALD Paterson): 'Haemolytic disease of the newborn (erythroblastosis foetalis)—its treatment with Rhesus negative blood. Nineteen consecutive cases of erythroblastosis foetalis were treated with Rhesus negative blood with reference to the isomunisation theory of causation. The blood of all the mothers was Rh-negative, and that of the infants Rh-positive. Anti-Rh agglutinins were found in the mother's serum in all but one case. Differential diagnosis from congenital obliteration of the bile ducts, may be aided by serological findings. Eighteen cases required transfusion. Procedure varied as experience accumulated. Originally Rh-positive blood was given immediately the patient was admitted. In these, the first three cases, haemolysis continued even increased. Further transfusion was soon necessary: then Rh-negative blood free of agglutinins was given. This does not prevent further haemolysis of the patient's erythrocytes. Blood is provided however which is not destroyed more rapidly than normal and on which the infant can live until the haemolytic process of the disease has
ceased. The later cases received Rh-negative blood exclusively; then more than two transfusions were unnecessary. Eleven cases received Rh-negative blood initially: eight of these required only one transfusion. No reaction occurred following Rh-negative blood in spite of using considerably larger volumes than previously (up to 300 c.c. by drip for a single transfusion); nor was there increase of jaundice. This compares favourably with previously published results: in similar consecutive cases (1935–1941) treated by transfusion at the Hospital for Sick Children, Great Ormond Street. Here up to six transfusions were required in a single case. Six of the seventeen died; four remained alive without transfusion. Blood pictures showed that the frequent occurrence of haemolytic reactions was probably due to the blood being Rh-positive, since this must have been incompatible. All nineteen cases of the 1942–43 series have been followed. Ages now range from 1½ months to 2½ months. Sixteen are normal. Three died of broncho-pneumonia, having regained and maintained normal blood pictures (two of these were mentally defective). Although a small number of cases have so far been studied, the results are encouraging.

All serological tests were performed by Miss Boorman, Miss Darrold, and Dr. P. Mollenkopf. A full report was published in the British Medical Journal, 1943, 2, p. 293.

5. Dr. R. C. Lightwood (London): 'Biliary obstruction in icterus gravidus neonatorum.' The fundamental work on iso-immunization in erythroblastosis does not fully explain all the salient facts. For example, the antigen is held to reside in the red cells and a clash between it and the antibody derived from the mother, while explaining haemolysis, does not tell how either brain or liver cells come to be damaged. Also it is difficult to explain why the onset of anaemia is sometimes postponed even until late in the neonatal period, and delayed jaundice needs explanation as well as icterus persisting several months. The jaundice of icterus gravidus is mainly haemolytic, though an obstructive element is sometimes present as well. When there is an obstructive phase it is usually early and evanescent. Three case histories were quoted showing that the onset of this phase may occasionally be delayed for a month or so, and that obstruction may persist for a considerable time. In the three cases jaundice and acholia lasted for 3½ weeks, 11 weeks, 3½ months. Although two recovered the other died. At the age of two months he was found to have a bladder contained green bile which could be squeezed into the duodenum, the larger bile ducts appeared normal and the intrahepatic ducts contained bile-thrombi: liver cell damage and cirrhosis were present. Clinically, there were of icterus gravidus with persisting acholia soon to come to resemble 'congenital' atresia of the bile ducts so that haematological and serological evidence is needed to prove the correctness of the diagnosis. But is it justifiable to assume that icterus gravidus and atresia are unrelated? It is true that the biliary obstruction, believed to be due to highly viscid bile, usually disappears after a varying period but this might not happen always and then organization could follow. It may be recalled that Rolleston believed atresia of the bile ducts to be acquired, and he thought in terms of a maternal poison reaching the foetal liver by the umbilical vein. In this viscid, obstructing bile is a more likely cause for the typical atresia studied by Rolleston. It may also be concerned in sequential cirrhosis and it explains persistent jaundice as well as that which appears late.

6. Prof. G. B. Fleming (Glasgow): 'The incidence of tuberculous infection in a children's hospital.' A study of the incidence of positive Mantoux reactions in children admitted to the Royal Hospital for Sick Children, Glasgow, between the years 1938 to 1942 showed that there was an increase in incidence in age groups 0–4 years and 4–13 years in the year 1941 and a much more marked increase in 1942. This could not be attributed to deterioration in housing conditions as overcrowding was greater before its commencement, nor did it appear that overcrowding was greater among the positive reactors than among those giving negative reactions. As the increase in the incidence of tuberculous infection in children occurred a year later than in the adult population it is probable that it was due not to general war year conflict with infected adults in the home. It seems that the important factor in the spread of the disease is contact with carers and consequently its spread should be controlled by isolation of infected persons as is done in other infectious diseases.

7. Dr. R. E. Smith (Rugby): 'The complications of mumps.' He stated that in the past there had been little thought about the life history of the virus in the incubation period, but Philibert's thesis that the virus entered the body through the conjunctiva, was incubated in the central nervous system, then spread generally and was excreted by the salivary glands, causing mumps, and occasionally attacking the pancreas or testicles and sometimes giving rise to definite evidence of cerebritis, made necessary a review of the conception that it was a droplet infection. Details of complications involving the genital tract were given. The high temperature associated with the orchitis, epididymitis or hydrocoele was in contrast to that with the original mumps. Cerebritis was a rare complication, but in six of the twenty-two cases with orchitis there was a secondary rise of temperature not attributable to any definite cause. The lack of infectivity of mumps in the incubation period until the penultimate day and its rapid disappearance after the salivary gland returned to normal size all supported Philibert's theory that mumps was not incubated in the salivary gland but probably in the central nervous system as there was invariably a lymphocytosis in the cerebro-spinal fluid whether the patient had cerebritis or not.

9. Dr. D. W. Winnicott (London): 'Observations of infant behaviour during routine clinical examination.' In supporting his memorandum, Dr. Winnicott attempted to illustrate what he meant by clinical psychology by describing the routine observation of infants who attend his medical out-patients' department. He observed that" when the baby on his mother's lap is presented with an object. A right angled metal tongue depressor is placed on the corner of the table, and it is possible, he said, to predict what a normal baby will do in this set situation. [For details see International Journal of Psycho-Analyis (1941), 22, 229.] Dr. Winnicott claimed that it is possible to correlate the normal and abnormal behaviour of the infant in this simple situation with the complex relation of the infant to the people and objects in his environment, and also with physical symptoms such as inhibition of feeding, in so far as these are not based on definite physical diseases. The interrelation of infant feelings and the state and functioning of the infant body is something which is not properly recognized by paediatricians. Or at any rate the study of physical disease has far outrun thought which is of equally important changes that are secondary to feelings, and to conflict of feelings. Dr. Winnicott asked for recognition of the importance of the study of infant and child feelings, and suggested that those who were in touch with young paediatricians should encourage some of them to take up this line of research. His memorandum* chiefly refers to the generation of a relationship between the B.P.A. and scientific psychological research.

* This refers to a report on the relationship between clinical paediatrics and child psychology which had been circulated to all members.