BRITISH PAEDIATRIC ASSOCIATION

PROCEEDINGS OF THE SIXTEENTH ANNUAL GENERAL MEETING

The Sixteenth Annual Meeting of the British Paediatric Association was held at Rugby School, by kind permission of the head master, P. H. B. Lyon, Esq., M.A., on August 2 and 3, 1945.

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: Drs. F. Allen, C. Box, T. Y. Finlay, H. M. Fletcher, N. Hobhouse, James Hutchison, R. Jewesbury, R. Lightwood, L. Nicholson, J. Smellic, L. Thatcher, L. Walker and W. G. Wylie.

The minutes of the last Annual General Meeting were approved and signed by the Chairman. It was noted that all matters arising out of the Minutes of that meeting had since been dealt with.

The Secretary's Report on the activities of the Association since the last annual meeting was received and approved. It was noted that it was to form the basis for the after-dinner discussion 'The Activities of the Association—Past, Present and Future.'

The report of the Treasurer was received and approved. It was noted that the cash balance in hand was £109 10s. and that expenditure during the preceding two years had been £222 0s. 8d. It was therefore proposed that, owing to the increased activities of the Association and resulting increase in expenditure, the Annual Subscription be increased from £1 to £2 per annum.

Alterations to the rules of the Association: Dr. A. Moncrieff, on behalf of the Executive Committee, spoke to the motion 'That the Rules of the British Paediatric Association be altered in accordance with the document circulated.' The suggested alterations were approved subject to certain alterations in wording.

Election of officers: The President informed the meeting that since the circulation of the Ballot Paper, Dr. Lewis Thatcher had withdrawn his name. The Executive therefore recommended that Dr. H. L. Wallace's name be inserted on the Ballot Sheet in lieu.

The following were then unanimously elected by ballot as officers for the year 1945/46:

President: Prof. Geoffrey B. Fleming, Glasgow.
Joint Hon. Secretaries: Dr. Donald Paterson, London, and Dr. Alan Moncrieff, London.
Hon. Treasurer: Dr. Donald Paterson, London.
Executive Committee:
   LONDON: Dr. Charles Harris.
   Dr. R. W. B. Ellis.
Provinces: Prof. C. Wilfred Vining, Leeds.
   Prof. C. Bruce Perry, Bristol.
SCOTLAND: Dr. H. L. Wallace, Edinburgh.
IRELAND: Dr. F. M. B. Allen, Belfast.

Election of new members: The following were elected to Membership of the Association, by Ballot:

HONORARY MEMBERS:

Dr. John Murray Bligh, Liverpool.
Dr. Catherine Chisholm, Manchester.
Mr. H. A. T. Fairbank, London.
Sir John Fraser, Edinburgh.
Professor Leonard Parsons, Birmingham.
Dr. E. Bellingham Smith, London.

CORRESPONDING MEMBERS:

Dr. William Emdin, Cape Town, S. Africa.
Dr. F. F. Tisdall, Toronto, Canada.

ORDINARY MEMBERS:

Dr. Frances Braid, Birmingham.
Mr. Denis Browne, London.
Dr. W. H. P. Cant, Birmingham.
Dr. Beryl Corner, Bristol.
Mr. James Crooks, London.
Dr. George Davison, Newcastle.
Dr. P. R. Evans, London (on active service).
Dr. Ian Gordon, Aberdeen (on active service).
Dr. H. H. Chodak Gregory, London.
Dr. John Duncan Hay, Liverpool (on active service).
Dr. J. L. Henderson, Edinburgh.
Mr. T. T. Higgins, London.
Dr. D. V. Hubble, Derby.
Dr. Helen Mackay, London.
Dr. G. H. News, London.
Dr. John N. O'Reilly, London.
Dr. Charles Pinckney, London.
Dr. A. Gordon Signy, London.
Dr. J. Forest Smith, London.
Dr. Magnus L. Thomson, Manchester.

Next place of meeting: It was Resolved that this be left in the hands of the Executive Committee, but that the possibility of a May meeting at Windermere might be borne in mind.

Scientific film association: A questionnaire asking for suggested titles for medical films for (a) Students and (b) the general public had been circulated. Members were requested to hand in their completed questionnaire.

Journal of Pediatrics: Dr. Borden Veeder had kindly offered an unbound volume of the Journal of Pediatrics to be presented to any medical school or hospital that lost such journals as the result of enemy action. Members were asked to intimate if they wished to avail themselves of this offer.

Report of the Secretary on the activities of the Executive Committee from December, 1943, to July, 1945.

Since the last General Meeting held on December 11, 1943, at the Royal Society of Medicine, your Executive Committee has met on ten occasions.

1. Height-weight survey: Your Executive Committee endeavoured to secure financial support from the Science Committee of the Royal College of Physicians in the first instance, without success; latterly the Halley Stewart Trust and the Nuffield Trust have been approached and the matter is still under consideration by the Trustees.

2. Rheumatism report: A final joint report on 'The Care of the Rheumatic Child,' was published in the
medical press, a copy of which was circulated to all members.

3. **B.M.A. and Archives of Disease in Childhood:** Members of the Association will be gratified to see that the Archives now incorporates the *British Journal of Child Health*. The B.P.A. is mentioned on the cover of the Journal. The Editorial Committee has been revised and this Committee is now appointed jointly by the B.P.A. and the B.M.A. In this way your Association is officially associated for the first time with the management of this Journal.

4. **Government White Paper on a comprehensive medical service:** Your Representative (Dr. Donald Paterson) has on several occasions attended meetings at the Royal College of Physicians of the Consultant Services Committee, and you are aware of the progress made in these deliberations. Members of the Association will realize that the Association will be consulted more and more in matters pertaining to a Paediatric Health Service in the future, as the scheme for a Comprehensive National Health Service matures.

5. **Tuberculosis report:** You have received a copy of the booklet entitled 'Childhood Tuberculosis—a word for the Health Visitor' from the B.P.A. and the N.A.P.T. This was based on the Association's report on 'The Early Diagnosis of Tuberculosis in Childhood', which you previously received. The Chairman of the Sub-Committee on Tuberculosis, Dr. W. Sheldon, continues as the Association's representative on the Joint Tuberculosis Council, and he was largely responsible for preparing the text of the booklet referred to above.

6. **Public Health Committee of the B.M.A.:** In January of this year your President, Dr. L.G. Parsons, was adopted as the B.P.A.'s Representative to this Committee. The Association will no doubt be gratified to note that at last the B.M.A. has recognized something of the importance of paediatrics by co-opting a member of the B.P.A. to this Committee.

7. **Child Guidance Council:** Dr. Charles Harris is serving as your Representative on this Council.

8. **Rickets report:** Following the publication of the report on 'The Incidence of Rickets in War-Time' (H.M. Stationery Office, Report on Public Health and Medical Subjects, No. 92) your Association was asked to prepare a leaflet suitable for distribution to Medical Officers of Health and other Public Health Workers. This was undertaken for the Association by Dr. Kenneth Tallerman and a copy of this leaflet will shortly be circulated to all members.

Your Executive has already been asked by the Ministry of Health for its views on the unsatisfactory 'take-up' of the Government Vitaminised Oil and Fruit Juice. A questionnaire has been sent to all members on this subject, the results of which are being analysed.

9. **Ministry of Education:** An inquiry was received from the Ministry of Education regarding 'Routine Medical Inspection of School Children,' a copy of which was circulated to all members; replies were analysed and a copy of the final views expressed on your behalf by the Executive Committee, as sent to the Ministry of Education, was circulated to all members.

10. **Nomenclature of disease:** At the request of the Royal College of Physicians, Dr. Norman Capon was appointed your Representative to undertake the revision of the sections of this publication relating to Paediatrics.

11. **Continental child relief:** The Chairman of your Sub-Committee, Dr. R. Lightwood, has submitted reports at intervals and has kept in touch with Representatives of U.N.R.R.A. and the Save the Children Fund. The Association has acted as a Consultative capacity to the latter organization. Dr. R. Struthers, a corresponding member of the B.P.A., has attended meetings of the Executive Committee on behalf of U.N.R.R.A. from time to time, and has kept us informed of the state of affairs regarding children on the Continent.

12. **Hospital architecture and the part it plays in the prevention of cross-infection in children's hospitals, etc.:** The problem is so complex and difficult a matter to deal with that it has taken your Sub-Committee, under the Chairmanship of Dr. W. Wylie and comprising in addition Drs. Charles Harris and C. T. Potter, with power to co-opt others. The Terms of Reference to be: 'To examine and inquire into the existing facilities for the diagnosis and treatment of psychological problems in childhood, and the character of the work undertaken in such places as are provided.' It is hoped to have this report in your hands in the near future.

14. **Vitamin preparations:** Members will remember at the last General Meeting you were informed that Dr. Cecil Asher had undertaken to produce a report following the vitamin content of proprietary preparations. A copy of this report, prepared by Dr. W. Wylie and published in *the Practitioner* has been circulated to all members. Dr. Cecil Asher has been thanked on your behalf for this valuable contribution.

15. **Neonatal mortality:** A Joint Committee, comprising representatives of your Association and the Royal College of Obstetricians and Gynaecologists has met on several occasions under the Chairmanship of Mr. Eardley Holland. A draft report, prepared by a sub-committee comprising Mr. Eardley Holland, Dr. A. White Franklin, Dr. Alan Moncrieff and Mr. W. C. W. Nixon was submitted to the Joint Committee; a further revision and re-drafting of the report has been left in the hands of Prof. Norman Capon and Mr. T. N. A. Jeffcoat, both of Liverpool. The revised report has already been considered by the Joint Committee.

16. **Bureau of Nutrition Surveys:** This Bureau, under the Directorship of Prof. Marrack, London Hospital, was formed on March 29, 1944, its objects being: 'To advance the science of Nutrition, to initiate or indicate, but not to undertake, lines of research; to stimulate the diffusion of the knowledge of nutrition amongst all classes of Society.' Dr. W. W. Payne was elected your Representative on the Scientific Sub-Committee and Dr. Kenneth Tallerman on the Clinical Sub-Committee of this Bureau.

17. **National Association of Maternity and Child Welfare Centres.** (Annual Meeting June, 1945.) Dr. Alan Moncrieff represented the Association and took part in a Discussion on 'The Association and the Promotion of the Unity of the Maternity and Child Welfare Services.'

18. **Royal College of Obstetricians and Gynaecologists:** Members will be pleased to learn that the President of your Association, Dr. L. G. Parsons, was elected an Honorary Fellow of the Royal College of Obstetricians and Gynaecologists.

19. **Chair of Child Health:** Members of the Association will be pleased to recall that a Chair of Child Health was instituted at Liverpool and that one of the members of the B.P.A.—Dr. Norman Capon—was appointed its first Professor.

20. **Post-war convalescent homes:** Arising out of a suggestion by Dr. Wilfrid Sheldon, the Association has met Representatives of the I.C.A.A. on several occasions, and your Executive has appointed Representatives of your Association to a Standing Joint Committee on Convalescent Homes, with Representatives of the I.C.A.A. and Hospital Almoners' Association; your Representatives are Drs. Paterson, Sheldon and R. E. Smith. The Objects of the Sub-Committee are: 'The inspection of Convalescent Homes; advice on the open-
ing of new homes, and preparation of a brochure in which homes which have been inspected should be indicated.'

21. Paediatric Committee of the Royal College of Physicians: Members have received a copy of the Interim Report of this Committee dealing with the first part of the Terms of Reference, namely, 'To inquire into the education of undergraduates and postgraduates in the subject of Infant Hygiene and Diseases of Children.' The second part of the Terms of Reference to make recommendations covering this branch of medical practice in the future is being considered by the Committee and your Executive Committee is preparing a Memorandum on the subject of a National Paediatric Service for submission to the College Committee.

22. Post-war planning for hospitals: Members will have noted in the Medical Press that Representatives of the Association visited Wolverhampton on March 16 and 17 to advise on the post-war planning of the Paediatric Services associated with the Royal Hospital, Wolverhampton. Since that date the Association has been asked to send Representatives to advise in a similar capacity to the Worcester Royal Infirmary and to the Royal Devon and Exeter Hospital; these visits have been arranged for July 20 and 21 and August 17 and 18, respectively.

Such visits are of considerable educational value both to the Association's members and the Hospital visited; they are to be welcomed and it is to be hoped that other areas will call on the Association in a similar advisory capacity.

23. Comprehensive training for State registered children's nurses: The General Nursing Council is engaged in the revision of the training of all nurses, including children's nurses. Your Executive Committee has interested itself in this subject and has prepared a Memorandum (a copy of which you have received) dealing with certain general principles in the training of the State Registered Children's Nurse; copies of this Memorandum have been forwarded to the General Nursing Council. It is hoped that representatives of your Association will be invited to attend the Education Committee of the G.N.C. to discuss the subject at the appropriate time. In the course of its deliberations on this subject your Executive met representatives of the Association of Sick Children's Nurses.

24. Gift. A gift of £25 has been received from Dr. C. Paget Lapage, and with your permission the Executive Committee propose to allocate this for a signed review on 'Infections in the Neonatal Period' to be published in the Archives of Disease in Childhood.

25. Obituary: The Executive has noted with profound regret the deaths of the following Honorary Members since the Association last met. Letters of sympathy have been sent on your behalf to the families concerned.

HONORARY MEMBERS: Thomas Barlow.
Edmund Cautley.
Humphry Wellston.
Hugh Thursfield.

CORRESPONDING MEMBER: Joseph Brennemann.

26. Resignations: Resignations have been received from Dr. Norman Carmichael and Dr. Glen Davison.

Scientific proceedings (August 2, 1945):—

1. Dr. J. L. Henderson (Edinburgh) (introduced by Prof. Charles McNeil): 'Statistics of prematurity.' A standardized method of presenting statistics on prematurity is an essential foundation for reliable scientific data regarding this serious paediatric problem. The figures of the large maternity hospitals and prematurity units are not comparable owing to the lack of a uniform method of statistical analysis. It is suggested that the following five conditions would provide a suitable comparative basis:—

1. A large number of infants, preferably at least 500, as the proportion in the lighter weight groups is relatively small and figures relating to very small numbers are statistically insignificant.
2. Accurate weighing at birth. The figures of large maternity hospitals only are reliable.
3. Definition of the weight range of viable prematurity. The range suggested is 5 1/2 lb. (2500 gm.) to 2 1/2 lb. (1250 gm.) inclusive. The upper limit of 5 1/2 lb. has been universally adopted. The proposed lower limit of 2 1/2 lb. (Henderson, 1945, J. Obstet. Gynaec., 52, 29) has the following advantages:—(a) It corresponds approximately to the present standard of viability, i.e. an estimated gestation period of 28 weeks, the age at which the foetus is presumed to become viable. (b) It is the only round figure in the neighbourhood of 2 to 3 lb. at which exact correspondence of the avoirdupois and metric systems occurs. (c) The minimum weight is exactly half of the maximum weight, a desirable simplification. Infants weighing less than the minimum standard weight of 2 1/2 lb. should be classified as pre-viable (as at present by the 28 weeks standard) and placed in a separate category. In a series of 1670 liveborn premature infants, 8 3/4 per cent. were pre-viable.
4. Subdivision of the standard weight range (5 1/2 to 2 1/2 lb. incl.) into standard half-pound weight groups (5 1/2 to 5 lb., 5 to 4 1/2 lb., etc.). Subdivision is essential for comparative purposes as the proportion of larger and smaller premature infants varies in different series of cases.
5. Segregation of 'booked' and 'unbooked' cases. 'Booked' refers to mothers who arrange their confinement in hospital early in pregnancy without recommendation, whereas 'unbooked' refers to mothers who are admitted as emergencies or are recommended for confinement in hospital because of ill health, obstetric or otherwise, in the present or in a previous pregnancy. This condition is fundamental as the prognosis is much better in booked than in unbooked cases. Unbooked cases are not admitted to some maternity hospitals whereas in others they form a substantial minority of cases. In a series of 762 premature infants, 45 per cent. were born of booked mothers and 55 per cent. of unbooked mothers; the mortality rate was 15 1/2 per cent. in the booked cases and 37 2/3 per cent. in the unbooked cases.

2. Dr. A. Barlow (London) (introduced by Dr. D. Paterson): 'Prognosis in prematurity.' In a series of 514 premature infants (hospital 255, private 259) and 91 controls (hospital 149, private 352) it was found that 33 6/7 per cent. of the premature group and only 11 2/3 per cent. of the control group showed some form of mental abnormality.

Table 1

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Normal</th>
<th>Mentally Abnormal</th>
<th>Per cent. Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature...</td>
<td>514</td>
<td>501</td>
<td>341</td>
<td>173</td>
</tr>
<tr>
<td>Control..</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital prematures...</td>
<td>255</td>
<td></td>
<td>171</td>
<td>84</td>
</tr>
<tr>
<td>Private prematures...</td>
<td>259</td>
<td></td>
<td>170</td>
<td>89</td>
</tr>
<tr>
<td>Hospital controls...</td>
<td>149</td>
<td></td>
<td>127</td>
<td>22</td>
</tr>
<tr>
<td>Private controls...</td>
<td>352</td>
<td></td>
<td>318</td>
<td>34</td>
</tr>
</tbody>
</table>

Downloaded from http://adc.bmj.com/ on December 18, 2014. Protected by copyright.
The hospital patients were taken from children attending the out-patient department at Great Ormond Street. The only selection involved was the exclusion of all cases under the age of six months. Apart from this, the cases were taken consecutively.

The abnormal group was composed of gross mental defects (45), mentally backward (53), epileptic (22), spastic (25), mongols (11), others (hydrocephalus, microcephalus, etc. (17). The incidence of mental abnormality increased with decreasing birth weight.

<table>
<thead>
<tr>
<th>Birth weight</th>
<th>Total</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Per cent. Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 24 lb...</td>
<td>11</td>
<td>4</td>
<td>7</td>
<td>64.00%</td>
</tr>
<tr>
<td>24-31 lb...</td>
<td>49</td>
<td>22</td>
<td>27</td>
<td>55.10%</td>
</tr>
<tr>
<td>34-44 lb...</td>
<td>121</td>
<td>86</td>
<td>35</td>
<td>29.00%</td>
</tr>
<tr>
<td>44-54 lb...</td>
<td>333</td>
<td>229</td>
<td>104</td>
<td>31.20%</td>
</tr>
<tr>
<td>Totals</td>
<td>514</td>
<td>341</td>
<td>173</td>
<td>33.60%</td>
</tr>
</tbody>
</table>

If the cases are arranged under age groups, the proportion or mentally abnormal children is consistently higher in the premature series.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6/12-1 year</td>
<td>51</td>
<td>19</td>
<td>37</td>
<td>8</td>
</tr>
<tr>
<td>1-2 years</td>
<td>113</td>
<td>58</td>
<td>51</td>
<td>79</td>
</tr>
<tr>
<td>2-3 years</td>
<td>80</td>
<td>27</td>
<td>34</td>
<td>64</td>
</tr>
<tr>
<td>3-4 years</td>
<td>60</td>
<td>23</td>
<td>38</td>
<td>49</td>
</tr>
<tr>
<td>4-5 years</td>
<td>35</td>
<td>9</td>
<td>26</td>
<td>58</td>
</tr>
<tr>
<td>5-8 years</td>
<td>98</td>
<td>16</td>
<td>16</td>
<td>108</td>
</tr>
<tr>
<td>Over 8 years</td>
<td>77</td>
<td>21</td>
<td>27</td>
<td>112</td>
</tr>
</tbody>
</table>

3. **Dr. G. Davison** (Newcastle) (introduced by Prof. J.C. Spence): ‘Statistics of pyloric stenosis.’ A series of 500 consecutive cases of pyloric stenosis, treated at the Babies' Hospital, Newcastle-on-Tyne, between the years 1925 and 1943, was analysed after division into consecutive hundreds. Criteria of diagnosis were given, and evidence that the cases were unselected. The number of deaths fell steadily from 34 in the first hundred to four in the fifth. Consideration of figures for the average duration of symptoms, weight on admission, and loss of weight since birth, showed that the fall in mortality could not be attributed to earlier diagnosis; nor was it due to any increase in breast feeding. The increased use of surgery was a possible factor, the number of surgically treated cases rising from 76 in the first hundred to 95 in the last. Surgery was carried out under local anaesthesia in 46 of the first 76 cases, while open ether was the anaesthetic for the last 95—evidence that local anaesthesia is not necessary for safe surgery in pyloric stenosis. Intravenous "drip" therapy was used first in case 206 and in 48 later cases; it was thought that this was an important factor in reduction of mortality. A factor not capable of analysis, but one thought probably to be the most important, was increasing skill on the part of the nursing staff. Evidence was given indicating that the incidence of pyloric stenosis in this country is in the region of 0.28 per cent. (±0.08 per cent.) of all live births, a figure not significantly different from that of 0.40 per cent. (±0.08 per cent.) given by Wallgren for Gothenberg.

4. **Prof. A. E. NASH** (Sheffield): 'Congenital malformations of the heart associated with prematurity, i.e. under 28 weeks gestation.' The mechanism of inspiratory recession of the lower chest, leading to a Harrison's sulcus, is inadequately understood. It is commonly attributed to ribs which are soft and yielding, combined perhaps with some obstruction to air entry. This is the explanation given when it is associated with rickets or prematurity. Eight cases of its association with congenital malformation of the heart are now brought forward. All were full-term, of birth weights ranging from 6 lb. to 9 lb. 2 oz. None had had any trace of rickets. The recession seemed to have little connexion with the size of the heart since the 6-foot x-ray showed great variation in this respect. Half the cases had been seen shortly after birth and the recession was then well marked. One of these was only two days old. The association seems to be fairly common, since five out of the eight which had been collected in the past six months. Such a clear-cut association seems to offer an opportunity for the investigation of the mechanism by which inspiratory recession is prevented in the normal infant.

5. **Dr. R. PUGH** (London) (introduced by Dr. D. Paterson): 'Preliminary observations on serum protein values in infancy.' An attempt was made to correlate certain clinical pictures with prematurity, congenital pyloric stenosis, coeliac disease and infantile diarrhoea with their associated protein depletion. Several cases were illustrated showing how the normal values may be restored by continuous infusion of human plasma and the type of distribution that ensues between tissue and circulation of fluids. Cases of congenital pyloric stenosis showing spontaneous degeneration of serum protein following operation and the retardation by an intercurrent infection were cited. The prevalence of a close association between low serum protein level and clinical oedema was observed, as was the normal range encountered in four cases of fibrocystic disease of the pancreas in spite of absence of pancreatic trypsin. The value of half-strength plasma transfusions in maintaining the protein nutrition in infantile diarrhoea was stressed along with some theoretical considerations involved.

6. **Dr. M. Bodian** (London) (introduced by Dr. D. Paterson): 'Penicillin, its dosage and administration in infants.' A series of 78 cases, under the age of one year (37 of which were neonates—under the age of one month) was treated with penicillin at the Hospital for Sick Children, Great Ormond Street. Staphylococcus aureus was responsible for the infections in 75 per cent. of all cases, and in 81 per cent. of the neonates. Penicillin is thus highly indicated in this group of infections. A dosage scheme of 1000 units per pound expected body weight per 24 hours is suggested. This is divided into six doses and each dose made up in 1 c.c.m. normal saline given, every four hours intramuscularly. Average penicillin levels on this four-hourly dosage scheme were compared with those in adults on a comparable dosage given at
three-hourly intervals, and similar results were obtained. Levels were assessed three and four hours after an injection; they were still bacteriostatic in the majority of cases. Eighty-six per cent. of all bacteria other than gram-negative bacilli tested for penicillin sensitivity were aggressively killed by the average penicillin level obtained with this dosage. Threefold increase of dosage did not affect the issue materially.

7. PROF. J. C. SPENCE (Newcastle): 'An experiment in control of neo-natal infections in a maternity hospital.' The circumstances of war caused the evacuation of a maternity hospital to an old Victorian building hastily converted to its new purpose. Sanitary facilities were defective, and the pressure of work was heavy, including a high proportion of emergency and operative midwifery. Neo-natal infections and ward epidemics amongst the infants were frequent. Attempts to control these by bed spacing were not successful. In 1944 the experiment was started. From January to June, 1944, was used as a period of preliminary observation without alterations of existing conditions. In that period the infections continued. Detailed recording of every infective symptom was instituted. Out of 941 live births, 134 were premature infants and nursed in a special nursery and thereby excluded from the experiment. The remaining 807 infants were nursed and observed in the general maternity wards with their mothers. In this period there were 61 cases of severe infection, 42 of which were acutely ill and 14 of which died. After this preliminary period of observation and record the experiment was made of prohibiting all routine complementary fluid feeding thereby reducing the handling of the babies by nurses, and leaving other conditions unaltered. Complementary fluids were given in special cases (under 5 per cent. of total numbers of infants) and only on the prescription of the paediatric registrar. In the next six months' period (July to December, 1944) there were 957 live births (114 premature and excluded from the experiment) and of the 838 infants under observation in the wards there were five isolated cases of infective illness with two infant deaths one of which had also congenital heart disease and was much handied. The experiment was continued for a further period, i.e. January to June, 1945. In that period there were 786 live births (100 of which were premature and excluded from the experiment) and 686 retained in the wards under observation. Amongst them there were four isolated cases of infective illness with only one death, which was due to B. coli meningitis beginning within 24 hours of birth after difficult labour. An important procedure in the experiment was the use of an elaborate grade chart with coloured symbols to denote each separate infective symptom as it arose. It is deduced from these results that the prohibition of complementary fluid feeding to new babies diminishes the chance of infective illnesses. The weight gain of infants was not adversely affected by withholding routine complementary feeding with water or saline mixtures. During the period of the experiment the infections amongst the premature infants in the special nursery were more frequent and more severe than amongst the infants nursed in the general wards.

8. DR. D. W. WINNECOTT (London): 'The value of breast feeding (psychological). A mother, in her total management of her infant, but especially in her feeding technique, is laying the foundation of her child's mental health. The value of actual breast feeding is to be found in the relative richness of detail in the physical relationship of infant and mother. These details of early experience are highly significant in the development of the personality. It is in respect of the infant's aggression that breast feeding is most obviously important. Excitement produces the urge to bite and destroy. To have not in fact destroyed the breast in a thousand feeds gives valuable reassurance to an infant. Add to this the tremendously powerful ideas that accompany instinctual experiences. For the mother the actual breast feeding, besides being infinitely pleasurable, increases her confidence in her body and her deeper self; it also gives reassurance to her in respect of her unconscious fear of being destroyed by her infant, this fear being a common cause of breast failure.'

Friday, August 3, 1945:

1. DR. A. G. WATKINS (Cardiff): 'Tuberculous infection in patients admitted to a general children's ward.' A survey was carried out for a five-year period, 1939-43, to determine the incidence of tuberculous infection in patients admitted to the children's wards at Llandough Hospital, Cardiff. Although a diagnosis of tuberculosis exclusion admission to these wards, the incidence of active tuberculosis was found to be 2.6 per cent. Thus:

- Total number of patients admitted to wards: 4896
- Total number of Mantoux tested (1 in 1000): 1249
- Number of positive reactors: 281-22 per cent.
- Number of negative reactors: 968-78

Of 281 positive reactors:
- 199 considered non-active tuberculosis
- 82 considered active tuberculosis

Total number of cases with active tuberculosis:
- Total number of cases: 127
- positive Mantoux: 82
- negative Mantoux: 9
- not tested: 36

Active cases equal 2.6 per cent. of total admissions.

The presentation of the intrathoracic cases was as follows:

<table>
<thead>
<tr>
<th>Site</th>
<th>0-1 yr.</th>
<th>1-5 yr.</th>
<th>5-14 yr.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrathoracic</td>
<td>17</td>
<td>12</td>
<td>23</td>
<td>52</td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adenitis</td>
<td>1</td>
<td>8</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>Joints</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Abdominal</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Ponsy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Renal</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>48</td>
<td>59</td>
<td>127</td>
</tr>
</tbody>
</table>

The presenting symptoms of the intrathoracic cases were as follows:

<table>
<thead>
<tr>
<th>Site</th>
<th>0-1 yr.</th>
<th>1-5 yr.</th>
<th>5-14 yr.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchitis</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Wasting</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Enteritis</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.U.O.</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Rheumatism</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Impetigo</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pleural effusion</td>
<td>0</td>
<td>2</td>
<td>12</td>
<td>14</td>
</tr>
</tbody>
</table>

Tables were also shown giving the age incidence of the Mantoux reaction and the radiological findings in the intrathoracic group.

The importance of carrying out a routine tuberculin skin test on all children, especially those under five years of age, as a means of detecting hidden active tuberculosis infection was stressed.

2. DR. F. J. FORD (Glasgow): 'Vitamin D treatment of rheumatoid arthritis.' The literature on the treatment of rheumatoid arthritis by high dosage of vitamin D was reviewed briefly and the safe dosage and dangers discussed. It was shown that, from experience in adults, the opinion of those who have tried it is rather conservative; this arises from the subjective rather than objective. The clinical histories of two cases of rheumatoid arthritis in children were given and their
course discussed with charts of the temperature, pulse, weight, sedimentation rate, white cell count, and distribution of the disease in each. It was considered that in view of the improvement following adoption of this line of treatment, especially in the younger child who changed from a bedridden deformed creature to an active well-nourished girl within six months, further trial and investigation of the possibilities of vitamin D therapy was called for.

3. Dr. W. Sheldon (London): 'Tuberculous rheumatism.' This condition was defined, and the clinical division of Poncet and Leriche into arthralgia, acute articular rheumatism, and chronic rheumatism was accepted. The clinical histories of six cases were presented; of these one belonged to the first group, four to the second group, and one to the third group. Reasons were given for thinking that these cases were not merely examples of streptococcal rheumatism complicated by tuberculosis. The view was expressed that rheumatic phenomena, although usually associated with haemolytic streptococcal infection, could occasionally be caused by other bacteria, including the tubercle bacillus.

4. Dr. K. D. Wilkinson (Birmingham): 'The organization of out-patients in a children's hospital.' The out-patient room in the past has given the young physician opportunities to gain experience to become a sound, if rapid, diagnostician; to make contacts with the public and the general practitioner; and so to build up, not only his own reputation but his practice. The great disadvantage of the out-patient's room has always been that far too much work has tended to be imposed upon a popular, capable individual, until his out-patients' clinic has become a burden, if not a nightmare, to the conscientious physician. In the future efficiency in the out-patients' room must be secured by some of the following measures:

   First, the limitation of the number of cases that any one man is expected to see. Having carefully worked this out I consider a session of 2½ hours is the optimum length, and that during this session not more than fifteen cases should be seen. If at the same time undergraduate or post-undergraduate teaching is to take place, it may be necessary to restrict the number of cases still further.

   Secondly, the planning of an out-patient department so that the waiting-room and the consulting-room are made as convenient as possible.

   Thirdly, the provision of adequate assistance, nursing, medical (as registrars or house physicians), and clerical, stenographers for writing letters, making notes and conducting the follow-up of cases, will all add to the efficiency of a department and lessen the labour of the physician.

   It is most important that careful planning should be undertaken in order to obviate the disadvantages and increase the advantages of such a department.

5. Prof. C. McNeil (Edinburgh): 'The clinical material of child health, where to get it and how to use it.' (see p. 151)