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at school, especially during prayers, and he tended to yawn afterwards and to feel rather tired. Very occasionally typical major epileptic manifestations had occurred despite continued treatment with anticonvulsants.

Physical Examination. He was at 12 years of age a big, plump, rather simple lad, with red cheeks and a frequent smile (Fig. 2). The skin was hairy and greasy, with active acne vulgaris on the face and trunk, and many scars of old acneiform eruptions. Striae atrophicae were present on the flanks and lower abdomen. The blood pressure was 110/80 mm. Hg. A functional systolic cardiac murmur was audible. The optic fundi and visual fields appeared normal. No abnormalities were found in the central nervous system or other systems.

Mental and Psychological State. Though the patient considered his ability to be average at school, this opinion was not shared by his schoolmaster who considered him rather backward. His I.Q. was unexpectedly low at 51. It had been assessed at 80 when he was 5 years old, and again at 10 years, though at 11 and 12 years of age it was estimated at 56.

There was no history of sexual activity; he is not particularly attracted to girls, and prefers the company of adults to children of his own age. His ideas as to vocation are variable, and at present he wishes to become either an actor or a B.B.C. announcer.

Investigations at the Age of 12 Years. Blood counts and blood sugar levels were normal. Routine urine examination revealed no abnormalities; the estimation of 17-ketosteroids (calculated as androsterone) gave a figure of 5.6 mg. in 24 hours, which is within the normal range. A radiograph of the skull was normal, but radiographs of long bones showed a moderate degree of

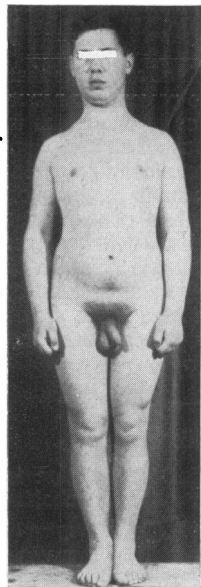


FIG. 2.—Patient at 12 years.

chronological advancement. An electroencephalogram showed a pathological tracing, with a wave form reminiscent of the wave-and-spike discharge of petit mal and a moderate potential theta discharge.

Comment

The description of the acute illness, particularly the features of protracted somnolence and loss of sphincter control, leaves little room for doubt, even in retrospect, that this was a case of measles encephalomyelitis. The abrupt changes in developmental pattern, which had previously appeared normal, date back to the time of the illness; to this unfortunate episode the mental retardation, cerebral dysrhythmia and sexual precocity must therefore be attributed.

The diagnosis in cases of sexual precocity is frequently tinged with out-dated ideas, and the consequent and often unnecessary tumour-hunt may do considerable harm. Jolly's (1951) recent survey synthesizes and simplifies the available information, and is a delightful diagnostic guide. The present case has no exact counterpart among Jolly's 66 cases, but clearly falls into his cerebral group with 'true puberty'. The single feature of enlarged testicles, with the clear-cut history, provides all the data necessary for a complete diagnosis.

I am indebted to Dr. F. L. Golla for information regarding the early history and for the first photograph, to Dr. A. Guirdham for helpful advice concerning the mental and psychological development, and to Dr. B. A. Astley Weston for providing details from the patient's school records.

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Vascular Abnormalities Associated with Pseudoxanthoma Elasticum

H. H. Wolff, J. F. Stokes and B. E. Schlesinger write as follows:

In our article (*Archives of Disease in Childhood*, 27, 82) we included an electron microphotograph of a skin biopsy taken from a patient with pseudoxanthoma elasticum. In the legend to this photograph and in the text the fibres shown on electron microscopy were referred to as elastic fibres. These fibres should have been described as normal collagen fibres. No elastic fibres could be detected on electron microscopy of the

material removed at biopsy. Similar discrepancies between the appearances obtained on light and electron microscopy have also been described in other cases of the same disorder (Tunbridge, *et al.*, 1952) in which elastic fibres were seen under the light microscope but not on examination by electron microscopy.

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INDEX TO VOLUME XXVII

A

- A.C.T.H. and cortisone in treatment of nephrotic syndrome, 309
 — in treatment of chorea, methods of assessing, 161
 ACHESON, R. M.: Radiographs of hand as index of skeletal maturity in infants, 382
 Acidosis, renal, idiopathic, in infancy, 409
 Adrenal glands, activity of, in newborn, 301
 —, function of, in newborn, 283
 Anaemia, haemolytic, acute idiopathic, 222
 —, —, —, —, auto-agglutination in, 225
 —, —, —, —, Coombs, Mourant, and Race test in, 226
 —, —, —, —, —, haemoglobinuria in, 225
 —, —, —, —, —, haemolysins in, 226
 —, —, —, —, —, hepatosplenomegaly in, 225
 —, —, —, —, —, Wassermann reaction in, 226
 —, —, —, —, —, megalocytic deficiency, cured by small amounts of fresh endive, 209
 Aneurysm, mycotic, of abdominal aorta, 147
 —, —, of thoracic aorta, rupture of, 294
 Antidiuretic substances in blood in nephrosis, 299
 Antrum, chronic sinusitis in children, 1
 Aorta, abdominal, mycotic aneurysm of, 147
 —, thoracic, mycotic aneurysm of, rupture of, 294
 APLEY, J.: Sexual precocity in a boy after measles encephalomyelitis, 584
 ARNEIL, G. C. and WILSON, H. E. C.: Cortisone treatment of nephrosis, 322
 Ascites, chylous, in infancy, 79
 ASHER, P.: Incidence and significance of breast feeding in infants admitted to hospital, 270
 —: Study of 63 cases of athetosis with special reference to hearing defects, 475
 Asthmatic children, restoration of normal breathing in, 405
 ASTLEY, R., *see* CANT, W. H. P. and ASTLEY, R.
 —, *see also* WOOD, B. S. B. and ASTLEY, R.
 Atelectasis in children, bronchoscopic treatment of, 254
 —, obstructive, and pneumothorax, relationship between, 577
 Athetosis, hearing defects in, 475
 Atrium, right, total drainage of pulmonary veins into, 539
 Auricular flutter in newborn baby, 436
 Auto-agglutination in acute idiopathic haemolytic anaemia, 225

B

- BARLOW, A. D.: Antidiuretic substances in blood in nephrosis, 299
 BICKEL, H. and HICKMANS, E. M.: Paper chromatographic investigations on urine of galactosaemia patients, 348
 BIRRELL, J. F.: Chronic maxillary sinusitis in children, 1
 Blood, antidiuretic substances in, in nephrosis, 299
 — cell, red, rate of destruction in infancy, 219
 —, —, —, size of, in infancy, 219
 — formation in infancy. Part I. Normal bone marrow, 128
 Part II. Normal erythropoiesis, 214
 — pressure, relation of, to weight, height and body surface area in schoolboys, 43
 — vessels, abnormalities of, associated with pseudoxanthoma elasticum, 82
 —, —, great, transposition of, with tricuspid atresia, 89

- Body surface area, relation of blood pressure to, in schoolboys, 43
 Bone marrow, aplasia of, new cause of von Jaksch syndrome, 134
 — — differential count, 132
 — —, normal, in infancy, 128

BOOK REVIEWS: Advances in pediatrics, Vol. 5, 1952, 586; ASTALDI, G., TOLentino, P. and SACCHIETTI, C.: La talassemia, 1951, 208; BOWLEY, J.: Maternal care and mental health, 1951, 205; CAMPBELL, M.: Clinical pediatric urology, 1951, 304; CASS, M. T.: Speech habilitation in cerebral palsy, 1951, 206; CATEL, W.: Differentialdiagnostische Symptomatologie von Krankheiten des Kindesalters, 2nd edit., 1951, 206; CATEL, W.: Die Pflege des gesunden und des kranken Kindes, 4th edit., 1952, 505; CHOBOT, R.: Pediatric allergy, 1951, 207; CLARK, F. LE G.: The feeding of school children, 1951, 307; Conference on European B.C.G. Programmes, September 1949, 207; ELLIS, R. W. B.: Disease in infancy and childhood, 1951, 112; EVANS, P. and MAC KEITH, R. C.: Infant feeding difficulties, 1951, 112; FAIRBANK, Sir T.: Atlas of general affections of skeleton, 1951, 304; GASSER, C.: Die hämolytischen Syndrome im Kindersalter, 1951, 206; Great Ormond Street Journal, 208; GRULEF, C. R. and ELEY, R. C.: The child in health and disease, 2nd edit., 1952, 586; HALLGREN, B.: Specific dyslexia, 1950, 306; HIGGINS, T. T., WILLIAMS, D. I. and NASH, D. F. E.: The urology of childhood, 1951, 304; HOERSPERNIK, C., ed.: Psychiatrie sociale de l'enfant, 1951, 208; International Paediatric Association, 1st Annual Report, 1951, 208; International Tuberculosis Campaign, 2nd Annual Report, 1949-1950, 206; KLEINBERG, S.: Scoliosis, 1951, 505; LUND, R., *et al.*: Penicillin in severe otorhinolaryngological complications, 1950, 306; MORISON, J. E.: Foetal and neonatal pathology, 1952, 306; PARMALEE, A. H.: Management of the newborn, 1952, 586; PAUL, H.: Control of communicable diseases, 1952, 505; PERABO, F.: Zahnärztliche Probleme in der Kinderheilkunde, 1951, 206; PETERS, G.: Spezielle Pathologie der Krankheiten des zentralen und peripheren Nervensystems, 1951, 505; POTTER, E. L.: Pathology of the fetus and the newborn, 1952, 305; SHELDON, W.: Diseases of infancy and children, 6th edit., 1951, 207; WATSON, E. H. and LOWREY, G. H.: Growth and development of children, 1951, 207; Year Book of Pediatrics, 1951, 207.

- BOUND, J. P., FINLAY, H. V. L. and ROSE, F. C.: Congenital anterior angulation of tibia, 179
 —, *see also* FINLAY, H. V. L. and BOUND, J. P.
 BRANSBY, E. R., *see* BRANSBY, N. B. and BRANSBY, E. R.
 BRANSBY, N. B. and BRANSBY, E. R.: Growth, health and food of a single infant, 569
 BRAY, P. T., ISAAC, R. J. and WATKINS, A. G.: Galactosaemia, 341
 Breast, abnormalities of, influence on lactation, 200
 — feeding, incidence and significance of, in infants admitted to hospital, 270
 British Paediatric Association, proceedings of 23rd General Meeting, 297
 Bronchiectasis, chloramphenicol in treatment of, 299
 BROWN, J. J. M., *see* HENDERSON, J. L., BROWN, J. J. M. and TAYLOR, W. C.
 BROWN, R. J. K.: Clinico-pathological study of cystinosis in two siblings, 428

- BURNS, A. D., *see* MCCALL, M. F., *et al.*
 BURRELL, J. M.: Comparative study of circulating eosinophil level in babies. I. Premature infants, 337
 BYWATERS, E. G. L., *see* DIXON, A. St.J. and BYWATERS, E. G. L.
- C
- Calcifications, intracranial, incidence and nature of, after tuberculous meningitis, 542
 CAMPBELL, A. M. G., GUY, J. and WALTER, W. G.: Two cases of cytomegalic inclusion encephalitis, 507
 CAMPBELL, W. A. B. and DALES, J. S.: Unusual case of neonatal uraemia, 580
 CANT, W. H. P. and ASTLEY, R.: Lipoma of corpus callosum, 478
 CARRE, I. J.: Natural history of 'short oesophagus' in childhood, 300
 CAVANAGH, J. B., *see* NASH, F. W. and CAVANAGH, J. B.
 Cerebrospinal fluid, transfer of sodium to, in newborn infant, 434
 CHALMERS, T. A., *see* COX, L. W., CHALMERS, T. A. and WARD, O. C.
 Chloramphenicol in treatment of bronchiectasis, 299
 CHOLMELEY, J. A., *see* WHITESIDE, J. D. and CHOLMELEY, J. A.
 Chorea, methods of assessing therapy in, with special reference to use of A.C.T.H., 161
 CLAIREAUX, A. E., *see* FARQUHAR, J. W. and CLAIREAUX, A. E.
 —, *see also* MITCHELL, R. G. and CLAIREAUX, A. E.
 COLES, B. L., *see* JAMES, U. and COLES, B. L.
 Collagen disease and Schönlein-Henoch syndrome, 139
 Collodion skin in neonate due to lamellar ichthyosis, 438
 Coombs, Mourant and Race test in acute idiopathic haemolytic anaemia, 226
 CORNER, B. D.: Lipoatrophic diabetes, 300
 Corpus callosum, lipoma of, 478
 Cortisone and A.C.T.H. in treatment of nephrotic syndrome, 309
 — treatment of nephrosis, 322
 COURT, D.: Extent and character of whooping cough in Newcastle upon Tyne, 1947-51, 299
 COX, L. W., CHALMERS, T. A. and WARD, O. C.: Transfer of sodium to extracellular space and cerebrospinal fluid in newborn infant, 434
 CRAIG, J. O.: Accidental poisoning in childhood, 303
 CREVELD, S. VAN: Glycogen disease, 113
 CROME, L.: Encephalopathy following infantile gastro-enteritis, 468
 CRUICKSHANK, G., *see* MATHESON, A., CRUICKSHANK, G. and MATHESON, W. J.
 CUNLIFFE, A. C., *see* LAURANCE, B., CUNLIFFE, A. C. and DUDGEON, J. A.
 Cystine storage disease, 356
 — in two siblings, clinico-pathological study of, 428
 Cysts, gastric, of mediastinum, 533
- D
- DALES, J. S., *see* CAMPBELL, W. A. B. and DALES, J. S.
 DENNISON, W. M.: Unilateral limb lengthening associated with haematogenous osteitis in childhood, 54
 — and MACPHERSON, D. A.: Haematogenous osteitis of infancy, 375
 Dental conditions with associated signs of nutritional deficiencies in Newfoundland children, 273
 DERHAM, R. J. and ROGERSON, M. M.: Schönlein-Henoch syndrome and collagen disease, 139
 Development and growth in children, assessment of, 10
- Diabetes, galactose, 341
 —, lipoatrophic, 300
 DIXON, A. St.J. and BYWATERS, E. G. L.: Methods of assessing therapy in chorea with special reference to use of A.C.T.H., 161
 DOLTON, E. G., *see* JONES, H. E. and DOLTON, E. G.
 DOXIADIS, S. A.: Idiopathic renal acidosis in infancy, 409
 DUDGEON, J. A., *see* LAURANCE, B., CUNLIFFE, A. C. and DUDGEON, J. A.
- E
- EDWARDS, P. W., *see* NAISH, F. C. and EDWARDS, P. W.
 EHRENFELD, E. N., *see* WINTER, S. T., EHRENFELD, E. N. and FELDMAN, J.
 EMERY, J. L.: Degenerative changes in left lobe of liver in newborn, 558
 —: Tryptic activity and presence of cornified squames in meconium as diagnostic aid in congenital intestinal obstruction, 67
 —: Variation in proteolytic activity of children's stools, 257
 —, STONIER, H. B. and WHITELY, H. J.: Observation on activity of adrenal in newborn, 301
 Emphysema, pulmonary interstitial, and pneumothorax in newborn, 572
 Empyema and pneumonia in children, 107
 Encephalitis, cytomegalic inclusion, 507
 Encephalomyelitis, measles, sexual precocity in boy after, 584
 Encephalopathy following infantile gastro-enteritis, 468
 Endive, fresh, megalocytic deficiency anaemia cured by, 209
 Endocarditis, bacterial, after Taussig-Ballock operation in case of unusual pathology, 157
Enterobius vermicularis infection, diagnosis of, comparative efficiency of various techniques for, 526
 Enuresis, causation and treatment of, 498
 Eosinophil circulating level in babies, comparative study of. I. Premature infants, 337
 Erythropoiesis, normal, 214
 Erythropoietic response to variations in oxyhaemoglobin level, 218
 Extracellular space, transfer of sodium to, in newborn infant, 434
- F
- FALKNER, F.: Measurement in growth and development studies, 303
 Farber's test, 71
 FARQUHAR, H. G.: Paroxysmal tachycardia in infancy, 401
 FARQUHAR, J. W. and CLAIREAUX, A. E.: Familial haemophagocytic reticulosis, 519
 FELDMAN, G. V.: Herpes zoster neonatorum, 126
 FELDMAN, J., *see* WINTER, S. T., EHRENFELD, E. N. and FELDMAN, J.
 Fibroplasia, retrolental, 329
 Fibrous dysplasia, polyostotic, 351
 Fibula, fatigue fracture of, in childhood, 552
 FILM REVIEWS: Development of manipulation, 307; Surprise attack, 307; Your children waking, 307; Your children's play, 307
 FINLAY, H. V. L. and BOUND, J. P.: Collodion skin in neonate due to lamellar ichthyosis, 438
 —, *see also* BOUND, J. P., FINLAY, H. V. L. and ROSE, F. C.
 FISHER, O. D. and KRASZEWSKI, T. M.: Thrombocytopenic purpura following measles, 144
 FRANCE, N. E., GORDON, I. and HUMPHRIES, F. M.: Pneumothorax and pulmonary interstitial emphysema in newborn, 572
 FRANKLIN, A. W.: Chloramphenicol in treatment of bronchiectasis, 299

G

- GAIRDNER, D., MARKS, J. and ROSCOE, J. D.: Blood formation in infancy. Part I. The normal bone marrow, 128
 Part II. Normal erythropoiesis, 214
 Galactaemia, chronic, 341
 Galactosaemia, 341
 —, chromatographic investigations of urine in, 348
 Galactosuria, chronic, 341
 GANS, B.: Bronchoscopic treatment of atelectasis in children, 254
 Gargoylism, pathology and biochemistry of, 230
 Gastro-enteritis, infantile, 457
 —, —, encephalopathy following, 468
 —, —, parenteral, importance of staphylococci in, 262
 Glycogen disease, 113
 —, —, cardiomegalic, 115
 GOLDBLOOM, A., *see* MCCALL, M. F., *et al.*
 GORDON, I., *see* FRANCE, N. E., GORDON, I. and HUMPHRIES, F. M.
 GRIFFITHS, A. L.: Fatigue fracture of fibula in childhood, 552
 Growth and development in children, assessment of, 10
 —, —, —, studies, measurement in, 303
 GUY, J., *see* CAMPBELL, A. M. G., GUY, J. and WALTER, W. G.

H

- Haemangiosarcoma, Kaposi's, 153
 Haemoglobin level, changes in, immediately after birth, 216
 Haemoglobinuria in acute haemolytic idiopathic anaemia, 225
 Haemolysins in acute idiopathic haemolytic anaemia, 226
 HAHN, L.: Relation of blood pressure to weight, height and body surface area in schoolboys, 43
 Hand, radiographs of, as index of skeletal maturity in infants, 382
 Hand-Schüller-Christian disease in infancy, 391
 HARPUR, E. M., *see* MCCALL, M. F., *et al.*
 Hearing defects in athetosis, 475
 —, effects of meningococcal meningitis on, 302
 Heart, auricular flutter in newborn baby, 436
 —, right atrium, total drainage of pulmonary veins into, 539
 —, spontaneous rupture of, in newborn infant, 291
 —, tricuspid atresia with transposition of great vessels, 89
 Height, relation of blood pressure to, in schoolboys, 43
 Hemiplegia, acute infantile, venous thrombosis in, 95
 HENDERSON, J. L., BROWN, J. J. M. and TAYLOR, W. C.: Clinical observations on pyloric stenosis in premature infants, 173
 —, *et al.*: Pathology and biochemistry of gargoylism, 230
 —, *see also* TAYLOR, W. C., JAMES, J. A. and HENDERSON, J. L.
 Hepatosplenomegaly in acute idiopathic haemolytic anaemia, 225
 Hepatosteatorosis associated with familial jaundice of newborn, 37
 Herpes zoster neonatorum, 126
 HICKMANS, E. M., *see* BICKEL, H. and HICKMANS, E. M.
 HODGE, R. S. and HUTCHINGS, H. M.: Enuresis, 498
 HOLDEN, R., *see* HENDERSON, J. L., *et al.*
 HOLZEL, A. and SHER, N.: Familial jaundice of the newborn associated with hepatosteatorosis, 37
 HORLEY, J. F.: Congenital tuberculosis, 167
 HUMPHRIES, F. M., *see* FRANCE, N. E., GORDON, I. and HUMPHRIES, F. M.
 HUNT, W. E.: Spontaneous rupture of heart in newborn infant, 291

- HUTCHINGS, H. M., *see* HODGE, R. S. and HUTCHINGS, H. M.
 Hypercalcaemia, idiopathic, blood chemistry in, 302
 —, —, in infants with failure to thrive, 302

I

- Ichthyosis, lamellar, collodion skin in newborn due to, 438
 Infant, growth, health and food of, 569
 —, newborn, activity of adrenal in, 301
 —, —, auricular flutter in, 436
 —, —, collodion skin in, due to lamellar ichthyosis, 438
 —, —, degenerative changes in left lobe of liver in, 558
 —, —, familial jaundice of, associated with hepatosteatorosis, 37
 —, —, fibrocystic disease of pancreas with meconium peritonitis in, 73
 —, —, function of adrenal glands in, 283
 —, —, pneumothorax and pulmonary interstitial emphysema in, 572
 —, —, significance of yellow vernix in, 442
 —, —, spontaneous rupture of heart in, 291
 —, —, transfer of sodium to extracellular space and cerebrospinal fluid in, 434
 —, —, uraemia in, unusual case of, 580
 —, premature, circulating eosinophil level in, 337
 —, —, methyl testosterone in, 265
 —, —, pyloric stenosis in, 173
 —, —, *S. typhi-murium* meningitis in, during neonatal period, 473
 INGHAM, W. N.: Familial crisis in congenital acholuric jaundice, 34
 Intelligence, effects of meningococcal meningitis on, 302
 Intestinal obstruction, congenital, tryptic activity and presence of cornified squames in meconium as diagnostic aid in, 67
 Intracranial calcifications, incidence and nature of, after tuberculous meningitis, 542
 ISAAC, R. J., *see* BRAY, P. T., ISAAC, R. J. and WATKINS, A. G.

J

- von Jaksch syndrome, aplasia of bone marrow as cause of, 134
 JAMES, J. A., *see* TAYLOR, W. C., JAMES, J. A. and HENDERSON, J. L.
 JAMES, T.: Chronic pancreatitis in childhood, 364
 JAMES, U. and COLES, B. L.: Methyl testosterone in premature infants, 265
 Jaundice, acholuric, congenital, familial crisis in, 34
 —, familial, of newborn associated with hepatosteatorosis, 37
 JAVETT, S. N. and KAHN, E.: Rupture of mycotic aneurysm of thoracic aorta, 294
 JEFFERSON, E.: Retrolental fibroplasia, 329
 JONES, H. E. and DOLTON, E. G.: Bacterial endocarditis after Taussig-Ballock operation in case of unusual pathology, 157

K

- KAHN, E., *see* JAVETT, S. N. and KAHN, E.
 Kaposi's haemangiosarcoma, 153
 KESSEL, I.: Case of Kaposi's haemangiosarcoma, 153
 —: Chylous ascites in infancy, 79
 Kidneys, idiopathic renal acidosis in infancy, 409
 —, nephrosis, cortisone treatment of, 322
 —, nephrotic syndrome in children treated with A.C.T.H., and cortisone, 309
 KRASZEWSKI, T. M., *see* FISHER, O. D. and KRASZEWSKI, T. M.

L

- Labour, abnormal, influence on lactation, 195
 Lactation, factors influencing. Part I. Maternal, 187
 Part II. Prematurity and abnormal labour, 195
 Part III. Abnormalities of breast, 200
 Laryngeal and tracheal cartilages, calcification of, associated with congenital stridor in infant, 185
 LAURANCE, B., CUNLIFFE, A. C. and DUDGEON, J. A.:
 Vaccinia gangrenosa, 482
 Lignac's disease, 356
 LIGHTWOOD, R. C.: Idiopathic hypercalcaemia in infants with failure to thrive, 302
 Limb lengthening, unilateral, associated with haematogenous osteitis in childhood, 54
 Lipoma of corpus callosum, 478
 Liver, degenerative changes in left lobe of, in newborn, 558
 —, hepatosteatoses associated with familial jaundice of newborn, 37
 Lobstein's syndrome, 105
 LORBER, J.: Incidence and nature of intracranial calcifications after tuberculous meningitis, 542
 Lungs, alveolar dysplasia of, and pneumothorax in newborn, 578
 —, atelectasis in children, bronchoscopic treatment of, 254

M

- MACARTHUR, P.: Foetal vaccinia and vaccinia gravidarum, 302
 MACAULAY, D.: Pneumonia and empyema in children, 107
 MCCALL, M. F., *et al.*: Nephrotic syndrome in children treated with A.C.T.H. and cortisone, 309
 MCCANCE, R. A. and NAYLOR, N.: Excretion of administered water by young infants, 300
 MCCONNELL, A. A.: Poliomyelitis in infants under age of 6 months, 121
 MACGREGOR, A. R., *see* HENDERSON, J. L., *et al.*
 MAC KEITH, R., *see* WATSON, J. M. and MAC KEITH, R.
 MCKEOWN, T., MACMAHON, B. and RECORD, R. G.: Evidence of post-natal environmental influence in aetiology of infantile pyloric stenosis, 386
 MCLEAN, M. M.: Auricular flutter in newborn baby, 436
 MACMAHON, B., *see* MCKEOWN, T., MACMAHON, B. and RECORD, R. G.
 MACPHERSON, D. A., *see* DENNISON, W. M. and MACPHERSON, D. A.
 MANN, N. M., ROSS, S. and PATTERSON, W. H.: Gastro-enteritis in infancy, 457
 MARKS, J., *see* GAIRDNER, D., MARKS, J. and ROSCOE, J. D.
 Marrow, bone, aplasia of, new cause of von Jaksch syndrome, 134
 —, —, differential count, 132
 —, —, normal, in infancy, 128
 Maternal efficiency, assessment of, for socio-medical surveys, 60
 MATHESON, A., CRUICKSHANK, G. and MATHESON, W. J.: Gastric cysts of mediastinum with report of two cases, 533
 MATHESON, W. J., *see* MATHESON, A., CRUICKSHANK, G. and MATHESON, W. J.
 Maturity, skeletal, 31
 —, standards for, 30
 Maxillary sinusitis, chronic, in children, 1
 Measles encephalomyelitis, sexual precocity in boy after, 584
 — followed by thrombocytopenic purpura, 144
 Meconium peritonitis with fibrocystic disease of pancreas at birth, 73
 —, proteolytic activity in, in children, 257
 —, tryptic activity and presence of cornified squames in, as diagnostic aid in congenital intestinal obstruction, 67

- Mediastinal teratoma, anterior, successful removal from an infant, 371
 Mediastinum, gastric cysts of, 533
 MELLANBY, H.: Dental conditions with associated signs of nutritional deficiencies in Newfoundland children, 273
 Meningitis, meningococcal, effects on intelligence and hearing, 302
 —, *Salmonella typhi-murium*, in premature infant during neonatal period, 473
 —, tuberculous, incidence and nature of intracranial calcifications after, 542
 Methyl testosterone in premature infants, 265
 MILLER, R. A.: Factors influencing lactation. Part I. Maternal, 187
 Part II. Prematurity and abnormal labour, 195
 Part III. Abnormalities of breast, 200
 MILLICHAP, J. G.: Acute idiopathic haemolytic anaemia, 222
 MITCHELL, R. G.: Venous thrombosis in acute infantile hemiplegia, 95
 — and CLAIREAUX, A. E.: Mycotic aneurysm of abdominal aorta, 147
 Morquio's disease, 487

N

- NABARRO, S.: Calcification of laryngeal and tracheal cartilages associated with congenital stridor in infant, 185
 NAISH, F. C. and EDWARDS, P. W.: Initial weight-loss: a preliminary enquiry, 445
 NASH, F. W. and CAVANAGH, J. B.: Two cases of Hand-Schüller-Christian disease in infancy, 391
 — and SMITH, J. F.: Fibrocystic disease of pancreas with meconium peritonitis at birth, 73
 NAYLOR, N., *see* MCCANCE, R. A. and NAYLOR, N.
 NEILL, C. A. and SMITH, G.: Bilateral pheochromocytoma in 6-year-old boy, 286
 Nephritis, occurrence in Schoenlein-Henoch syndrome in childhood, 480
 Nephrosis, antidiuretic substances in blood in, 299
 —, cortisone treatment of, 322
 Nephrotic syndrome in children treated with A.C.T.H. and cortisone, 309
 Newborn infants, activity of adrenal in, 301
 —, auricular flutter in, 436
 —, collodion skin in, due to lamellar ichthyosis, 438
 —, degenerative changes in left lobe of liver in, 558
 —, familial jaundice of, associated with hepatosteatoses, 37
 —, fibrocystic disease of pancreas with meconium peritonitis in, 73
 —, function of adrenal glands in, 283
 —, pneumothorax and pulmonary interstitial emphysema in, 572
 —, significance of yellow vernix in, 442
 —, spontaneous rupture of heart in, 291
 —, transfer of sodium to extracellular space and cerebrospinal fluid in, 434
 —, uraemia in, unusual case of, 580
 Newcastle upon Tyne, extent and character of whooping cough in, 1947-51, 299
 Newfoundland children, dental conditions with associated signs of nutritional deficiencies in, 273
 NOVE, A. A.: Restoration of normal breathing in asthmatic children, 405
 Nutritional deficiencies, signs of, associated with dental conditions in Newfoundland children, 273

O

- Oesophagus, short, in childhood, natural history of, 300
 Osteitis, haematogenous, of infancy, 375
 —, —, unilateral limb lengthening associated with, in childhood, 54
 OTTLEY, C. M.: Lobstein's syndrome, 105

Ovary, torsion of, in childhood, 368
 Oxyhaemoglobin level, constancy of, in foetus and infant, 217
 ———, erythropoietic response to variations in, 218

P

Pancreas, fibrocystic disease of, with meconium peritonitis at birth, 73
 Pancreatitis, chronic, in childhood, 364
 Para-amino-salicylic acid, treatment of primary pulmonary tuberculosis with, 301
 PATTERSON, W. H., *see* MANN, N. M., ROSS, S. and PATTERSON, W. H.
 PAYNE, W. W.: Blood chemistry in idiopathic hypercalcaemia, 302
 Peritonitis, meconium, with fibrocystic disease of pancreas at birth, 73
 Phaeochromocytoma, bilateral, in 6-year-old boy, 286
 PHILPOTT, M. G.: Schoenlein-Henoch syndrome in childhood with particular reference to occurrence of nephritis, 480
 Pneumonia and empyema in children, 107
 Pneumothorax and obstructive atelectasis, relationship between, 577
 ——— and pulmonary interstitial emphysema in newborn, 572
 ——— in newborn, alveolar dysplasia and, 578
 ——— ———, clinical diagnosis of, 577
 ——— ———, pathology of, 576
 Poisoning, accidental, in childhood, 303
 Poliomyelitis in infants under age of 6 months, 121
 Polyostotic fibrous dysplasia, 351
 Pregnancy, vaccinia in, and foetal vaccinia, 302
 Premature infants, circulating eosinophil level in, 337
 ———, methyl testosterone in, 265
 ———, pyloric stenosis in, 173
 ———, *S. typhi-murium* meningitis in, during neonatal period, 473
 Prematurity, influence on lactation, 195
 Pseudoxanthoma elasticum, vascular abnormalities associated with, 82
 PUGH, V. W. and VAKIL, S.: *S. typhi-murium* meningitis in premature infant in neonatal period, 473
 Pulmonary veins, total drainage of, into right atrium, 539
 Purpura, thrombocytopenic, following measles, 144
 Pyloric stenosis in premature infants, 173
 ———, infantile, evidence of post-natal environmental influence in aetiology of, 386

R

RECORD, R. G., *see* MCKEOWN, T., MACMAHON, B. and RECORD, R. G.
 Reticulosis, familial haemophagocytic, 519
 Retrorenal fibroplasia, 329
 ROGERSON, M. M., *see* DERHAM, R. J. and ROGERSON, M. M.
 Rolandic syndrome, 98
 ROSCOE, J. D., *see* GAIRDNER, D., MARKS, J. and ROSCOE, J. D.
 ROSE, F. C., *see* BOUND, J. P., FINLAY, H. V. L. and ROSE, F. C.
 ROSS, A., *see* MCCALL, M. F., *et al.*
 ROSS, C. F.: Case of tricuspid atresia with transposition of great vessels, 89
 ROSS, S., *see* MANN, N. M., ROSS, S. and PATTERSON, W. H.

S

Salmonella typhi-murium meningitis in premature infant in neonatal period, 473
 Satiation in early infancy, 454
 SCHLESINGER, B. E., *see* WOLFF, H. H., STOKES, J. F. and SCHLESINGER, B. E.

Schönlein-Henoch syndrome and collagen disease, 139
 ——— in childhood, occurrence of nephritis in, 480
 Schoolboys, relation of blood pressure to weight, height and body surface area in, 43
 Sexual precocity in boy after measles encephalomyelitis, 584
 SHER, N., *see* HOLZEL, A. and SHER, N.
 Siblings, cystinosis in, 428
 Sinusitis, maxillary, chronic, in children, 1
 Skeletal maturity in infants, radiographs of hand as index of, 382
 Skin, collodion, in neonate due to lamellar ichthyosis, 438
 SMALLWOOD, W. C., *see* WOLFF, O. and SMALLWOOD, W. C.
 SMITH, G., *see* NEILL, C. A. and SMITH, G.
 SMITH, J. F., *see* NASH, F. W. and SMITH, J. F.
 Sodium, transfer of, to extracellular space and cerebrospinal fluid in newborn infant, 434
 Squames, cornified, presence of, in meconium as diagnostic aid in congenital intestinal obstruction, 67
 Staphylococci, importance of, in infantile parenteral gastro-enteritis, 262
 STARER, F.: Successful removal of anterior mediastinal teratoma from an infant, 371
 STOKES, J. F., *see* WOLFF, H. H., STOKES, J. F. and SCHLESINGER, B. E.
 STONIER, H. B., *see* EMERY, J. L., STONIER, H. B. and WHITELEY, J. H.
 Stools, children's, proteolytic activity of, 257
 Stridor, congenital, in infant, calcification of laryngeal and tracheal cartilages associated with, 185
 Sulphonamide medication preceding idiopathic renal acidosis in infancy, 411
 SUTHERLAND, I., *see* THWAITES, E. J. and SUTHERLAND, I.

T

Tachycardia, paroxysmal, in infancy, 401
 TANNER, J. M.: Assessment of growth and development in children, 10
 Taussig-Blalock operation in case of unusual pathology, bacterial endocarditis after, 157
 TAYLOR, S.: Torsion of ovary in childhood, 368
 TAYLOR, W. C., JAMES, J. A. and HENDERSON, J. L.: Significance of yellow vernix in newborn, 442
 ———, *see also* HENDERSON, J. L., BROWN, J. J. M. and TAYLOR, W. C.
 Teeth, conditions of, with associated signs of nutritional deficiencies in Newfoundland children, 273
 Teratoma, anterior mediastinal, successful removal from an infant, 371
 THANNHAUSER, S. J., *see* HENDERSON, J. L., *et al.*
 Threadworm infection, diagnosis of, comparative efficiency of various techniques for, 526
 Thrombocytopenic purpura following measles, 144
 Thrombosis, venous, in acute infantile hemiplegia, 95
 THWAITES, E. J. and SUTHERLAND, I.: Method of assessing maternal efficiency for socio-medical surveys, 60
 Tibia, congenital anterior angulation of, 179
 TODD, R. McL.: Treatment of primary pulmonary tuberculosis with para-amino-salicylic acid, 301
 TOLENTINO, P.: Importance of staphylococci in infantile parenteral gastro-enteritis, 262
 Tooth eruption development, 31
 Tracheal and laryngeal cartilages, calcification of, associated with congenital stridor in infant, 185
 Tricuspid atresia with transposition of great vessels, 89
 Tryptic activity in meconium as diagnostic aid in congenital intestinal obstruction, 67
 Tuberculomata, intracranial, incidence and nature of, after tuberculous meningitis, 542

- Tuberculosis, congenital, 167
 —, pulmonary, primary, treatment with para-amino-salicylic acid, 301
 Tuberculous meningitis, incidence and nature of intracranial calcifications after, 542
- U
- Uraemia, neonatal, unusual case of, 580
 Urinary tract infection and idiopathic renal acidosis in infancy, 411
 Urine in galactosaemia, chromatographic investigations of, 348
 Uterine inertia, influence on lactation, 196
- V
- Vaccinia, foetal, and vaccinia gravidarum, 302
 — gangrenosa, 482
 — gravidarum and foetal vaccinia, 302
 VAKIL, S., *see* PUGH, V. W. and VAKIL, S.
 Vascular abnormalities associated with pseudo-xanthoma elasticum, 82
 VEENEKLAAS, G. M. H.: Aplasia of bone marrow: a new cause of von Jaksch syndrome, 134
 —: Megalocytic deficiency anaemia cured by small amounts of fresh endive, 209
 Veins, pulmonary, total drainage of, into right atrium, 539
 Velocity regression standard, 28
 Venous thrombosis in acute infantile hemiplegia, 95
 Vernix, yellow, significance of, in newborn, 442
 VINES, R. H.: Polyostotic fibrous dysplasia, 351
 Vomiting of uncertain origin in young infants, 562
- W
- WARD, O. C., *see* COX, L. W., CHALMERS, T. A. and WARD, O. C.
 Wassermann reaction in acute idiopathic haemolytic anaemia, 226
 Water, administered, excretion of, in young infants, 300
 WATKINS, A. G., *see* BRAY, P. T., ISAAC, R. J. and WATKINS, A. G.
 WATSON, J. M. and MAC KEITH, R.: Comparative efficiency of various techniques for diagnosis of threadworm infection, 526
 Weight, loss of, initial, 445
 —, rate of gain in early infancy, 449
 —, relation of blood pressure to, in schoolboys, 43
 Wetzel grid, 25
 WHITELY, H. J., *see* EMERY, J. L., STONIER, H. B. and WHITELY, H. J.
 WHITESIDE, J. D. and CHOLMELEY, J. A.: Morquio's disease, 487
 Whooping cough, extent and character of, in Newcastle upon Tyne, 1947-51, 299
 WICKES, I. G.: Rate of gain and satiety in early infancy, 449
 WILLIAMSON, D. A. J.: Cystinosis, 356
 WILSON, H. E. C., *see* ARNEIL, G. C. and WILSON, H. E. C.
 WINTER, S. T., EHRENFELD, E. N. and FELDMAN, J.: Total drainage of pulmonary veins into right atrium, 539
 WOLFF, H. H., STOKES, J. F. and SCHLESINGER, B. E.: Vascular abnormalities associated with pseudo-xanthoma elasticum, 83
 WOLFF, O. and SMALLWOOD, W. C.: Effects of meningococcal meningitis on intelligence and hearing, 302
 WOLMAN, B.: Function of adrenal glands in newborn, 283
 WOLMAN, B., *see* MCCALL, M. F., *et al.*
 WOOD, B. S. B. and ASTLEY, R.: Vomiting of uncertain origin in young infants, 562