BRITISH PÆDIATRIC ASSOCIATION.

PROCEEDINGS OF THE FIRST ANNUAL GENERAL MEETING.

The First Annual General Meeting was held at The Old England Lake Hotel, Windermere, on Friday and Saturday, May 4th and 5th, 1928.

FIRST SESSION (MAY 4TH, 10 A.M.).

Business Proceedings: The President, Dr. G. F. Still, was in the Chair, and there were present 44 members and 4 guests. Dr. Still made some opening remarks of welcome to the members and explained the objects of the Association.

President: Dr. Edmund Cautley was elected President for 1928-29, and the election of Officers and members of the Executive Committee followed.

Treasurer: Dr. H. Morley Fletcher.

Secretary: Dr. Donald Paterson.

Members for London: Dr. F. J. Poynton and Dr. R. C. Jewesbury.

Members for the Provinces: Dr. J. C. Spence and Dr. L. G. Parsons.

Member for Scotland: Dr. Leonard Findlay.

Member for Ireland: Dr. Rowland Hill.

Next Meeting: The place of next year’s Meeting was discussed and it was agreed to leave this in the hands of the Executive Committee, though Buxton, Scarborough and Harrogate were favoured in that order.

Treasurer’s Report. Dr. Morley Fletcher presented the Treasurer's Annual Report, which was adopted. This showed a balance of £33 9s. 3d.

Consideration of Rules. Dr. Parsons pointed out that Rule 13 allowed 15 minutes for a communication, although members had been informed that 10 minutes was the limit for communications this year. The President replied that the length of the communications must vary from year to year, depending on the number presented.

It was proposed by Dr. Robert Hutchison and seconded by Dr. Thursfield that Rule 17 should be abolished. This was carried.

It was proposed by Dr. Hutchison and seconded by Dr. Thursfield that Rule 2 be abolished. This was defeated.

Scientific Business.

1. DR. GEOFFREY BOURNE: “An attack of acute osteitis in a case of Gaucher’s disease.” He described a boy of 13, a case of proved Gaucher’s Disease, who, one year after splenectomy, suffered from two types of skeletal lesion. The first resembled acute rheumatism and affected the knee and hip joints, producing pain, tenderness and synovitis, but unamenable to salicylate. The second was indistinguishable from an acute osteo-periostitis, shewing fever, leucocytosis, redness, swelling, oedema and pain, but the condition twice resolved spontaneously.

Dr. Thursfield, under whom the child had been in Hospital, stated that the fluid taken from beneath the periosteum of the swelling contained Gaucher cells.
2. **Dr. Maitland-Jones**: "Pachymeningitis haemorrhagica of infants." He described three cases of this condition, aged 16, 5 and 3 months. The characteristics of this syndrome were enlargement of the head, convulsions, retinal haemorrhages and blood pigment in the cerebro-spinal fluid.

Dr. Schlesinger reminded the members of Dr. Trotter's case.

Dr. Cameron described two cases which he had seen and drew attention to the marked depression of the fontanelle and collapse of the head, due to absorption of fluid, which occurred in one of his cases.

3. **Dr. Norman Capon**: "Haemorrhagic diathesis in the newborn." He described 16 cases and excluded those associated with sepsis, syphilis or birth injury. Three cases had died. He believed that intramuscular injection of citrated blood was the best method of its administration. Occasionally it was given in the superior longitudinal sinus. 9 c.c.m. of blood were added to 1 c.c.m. of 4% citrate, and on the average 27 c.c.m. of this mixture were given.

Dr. Lapage and Dr. Nabarro took part in the discussion. Dr. Rogers had followed up 11 cases and thought that there was no tendency to recur. Dr. Thursfield noted that horse serum seemed to be quite as good as human blood. Dr. Naish said that haemoplastin was excellent. Dr. Eric Pritchard suggested that sepsis was often present although not apparent.

Dr. Cameron asked whether Dr. Capon thought that the later the haemorrhage occurred the better the prognosis. Dr. Capon replied that he had not noticed this to be a fact. He thought that in certain cases horse serum might be beneficial, but on the whole human blood was universally applicable and most useful.

4. **Prof. F. Langmead**: "A case of intracranial haemorrhage in a child due to congenital miliary aneurysms." He described the case of a girl aged 7 years, who was quite well, and suddenly complained of pain in the head and showed dilated pupils and loss of reflexes. There was no fever. Blood was present in the cerebro-spinal fluid and there were small haemorrhages in the discs. The skull was opened and the ventricles explored, showing the right to be full of clot. Post-mortem examination confirmed this and many miliary aneurysms were found on the perforating arterial vessels. He thought this to be extremely rare. The haemorrhage had been due to the bursting of one of these aneurysms.

Dr. Morley Fletcher suggested that the aneurysms were due to congenital absence of elastic tissue of the cerebral vessels and Dr. Robert Hutchison agreed with this. Dr. Bellingham Smith described a case of cerebral haemorrhage thought to be due to aneurysm which recovered. Dr. Wyllie pointed out that congenital miliary aneurysms were thought to be familial, which point was absent in this case. Dr. Wilkie Scott described two cases. Dr. Wilkinson thought lumbar puncture a dangerous procedure in such cases.

Dr. Langmead stated that microscopically there was no deficiency of elastic tissue in his case.

5. **Dr. H. T. Ashby**: "Ergot poisoning among children." He said that rye bread was eaten by some Jews and in his investigation in Manchester the rye grown was found to be ergotized. The ergotized rye was fully tested, physiologically and bio-chemically. The symptoms complained of by the children eating rye bread were chillblains, cold hands and feet and attacks like Raynaud's disease, colic, nausea and vomiting. Although it could not be proved, probably ergotized rye contributed towards abortion. The rye was grown in this country.

Dr. Still reminded the members that it was the practice of Dr. Eustace Smith to give large therapeutic doses of ergot for such complaints as enuresis without ill effect. Dr. Ashby thought that medicinal ergot was most inactive and Dr. Thatcher reminded those present that at an obstetrical meeting in Edinburgh medicinal ergot was said to be quite inactive.

6. **Dr. C. P. Lapage**: "Delay at the pylorus in older children." He described cases as shown by X-ray tests. From a series of sixteen cases he deduced that there were two types:
(1) the neuro-excitile pylorus, showing delay from any upset of metabolism, such as overstrain, nervous or physical, often with a history of continued dyspepsia and perhaps of vomiting in infancy (six cases); (2) those with a normal pylorus upset by some septic focus in the abdomen, such as appendix, infected glands, enteritis, etc. The pyloric reflex in appendicitis illustrates this (ten cases).

Dr. Langmead described a case of pyloric delay which was undoubtedly cured by the removal of a septic appendix. Dr. Schlesinger remarked on a follow-up of cases of pyloric stenosis which showed in 5 cases a palpable pylorus many years after infancy. Drs. Cameron and Spence took part in the discussion. Dr. Wilkie Scott thought that keeping patients on their right side after meals with this complaint a great help.

7. DR. J. M. SMELLIE: "The Value of irradiated milk in the treatment of debilitated children of school age." A group of 50 children was divided into two equal parts. To one a pint and a half of irradiated milk per day was given and to the other a pint and a half of non-irradiated milk, both for a period of 8 months. The children were all weighed and measured carefully and kept under observation. No difference was found in the progress of the two groups and one could not be said to be more intelligent than the other. The milk was exposed to ultra-violet light for 30 minutes in flat dishes which were kept moving, and an electric fan blew away the ozone. It had been noticed that the bacterial count of the milk had been reduced by 50% by the irradiation.

Dr. Nabarro agreed that this was so. Drs. Jewesbury, Morley Fletcher, Rogers and Schlesinger took part in the discussion.

Dr. Parsons thought the irradiated milk was useful and satisfactory for infants, and that some of the ergosterol products on the market were excellent in the prevention of dental caries or if a child had a low fat tolerance.

8. DR. J. S. Y. ROGERS: "Duodenal ulcer in two successive infants in the same family." One of these died in infancy in Edinburgh and was proved post mortem. The second died in February of this year in Dundee. They were very typical cases. Dr. Rogers enumerated the possible causes of duodenal ulcer, but could add nothing as a help to its early diagnosis.

SECOND SESSION (MAY 4th, 8.30 P.M.).

9. DR. HECTOR CAMERON: "Imperative impulses and obsessions in childhood." He emphasized the part played by the mother in causing obsessions and stereotyped actions in childhood. In thumb-sucking, masturbation, nail-biting and air-swallowing the trouble was often perpetuated by ineffective efforts to forbid it. If mechanical apparatus were used, it was important that the child should not appreciate its purpose. A dental plate preventing approximation of the incisors was shown for use in bad cases of nail-biting or of air-swallowing. Examples of obsessions due to maternal anxieties were recorded.

10. DR. NABARRO: "Modern methods of control of infectious diseases." He described his experience of immunization against diphtheria, measles and scarlet fever in an institution.

Drs. Smellie, Neale and Pritchard took part in the discussion.

Dr. Leonard Findlay described how between 1,000 and 1,500 days' work were lost each year by the nurses in his Hospital through infectious diseases. All the nurses were now immunized and diphtheria had practically ceased to occur. In an attempt to immunize patients against chicken pox, in only four cases was this successful, and that was by vaccinating patients from the vesicle wall obtained from a case of chicken pox. Vaccination with serum taken from an active case failed.

11. DR. K. D. WILKINSON: "Electrocardiographic changes in the hearts of children with diphtheria." He said that routine electrocardiographic examination of children with diphtheria showed that marked electrocardiographic abnormalities fell into two groups. The first comprised
various grades of auriculo-ventricular heart block, and this, although an indication of myocardial damage, was not usually fatal even when well marked. The second comprised bundle branch block and was evidence of abnormal conduction in the ventricle itself. Here, in contradiction to the common clinical finding, the left branch of the bundle was more commonly defective. These cases were invariably fatal.

Dr. G. Bourne confirmed these observations.

12. DR. PARSONS with DR. A. V. NEALE: "The pathology of coeliac disease." From a case described by Ryle of obstruction of the lacteals an impression had gained ground that lacteal obstruction was a feature of the pathology of coeliac disease. In Dr. Parson's case the lacteals were permeable. Within limits the fat intake increased fat absorption. When cured, coeliac cases tended to develop a deposition of fat and configuration of body like that of Frohlich's syndrome.

Drs. Harris and Wilkinson took part in the discussion.

13. DR. SCHLESINGER: "The incubation period of rheumatic fever." He suggested that rheumatism had an incubation period of from 8 to 12 days, and charts were shown demonstrating recurrence of symptoms from 8 to 12 days after a sore throat.

Dr. Bellingham Smith questioned the advisability of herding together cases of rheumatic fever, since he had frequently seen outbreaks of sore throat among such cases, resulting in fresh exacerbation of symptoms.

Drs. Thatcher, Marshall, Nabarro, Parsons, Wilkinson and Thursfield took part in the discussion.

14. DR. A. E. NAISH: "Lung consolidation in association with rheumatic carditis." He showed microphotographs of the lungs of six patients with rheumatic carditis and pulmonary consolidation. Endothelial proliferation was a marked feature in all and corresponded to that described by Coombs as distinctive of reaction to the Streptococcus rheumaticus in other parts. He pointed out that the temperature and respirations were scarcely disturbed even when the consolidation came on rapidly, and suggested that the patches of dullness, so commonly found in association with carditis, were of the nature of a specific rheumatic pneumonia.

Dr. Robert Hutchison described an investigation made some years ago by himself and said that the condition was a subacute pneumonic one. Professor Langmead said that it was really a rheumatic pneumonia, and he had found signs in the right lung as well as the left. Drs. Bourne, Schlesinger, Wilkie Scott took part in the discussion. Dr. Sheldon suggested that the diaphragm in such cases moved badly on the left side and thought that a collapse of the lower lobe of the lung would result and thus explain the symptoms.

THIRD SESSION (MAY 5TH, 10 A.M.).

15. DR. DINGWALL FORDYCE: "Corporal punishment in schools." He said that dull and backward children went to special day schools for feeble-minded children, where they were under the care of women. Such children might need corporal punishment and very firm handling. Rheumatic children were nervous and erratic and inclined to be wilful, and these children were often punished, although they should be the last to receive punishment.

Dr. Still reminded the members that for 600 years the discussion as to the advisability of corporal punishment had been debated. Dr. Cameron pointed out the benefit he had obtained by reading Locke's book on corporal punishment in children.

16. DR. J. C. SPENCE: "The so-called epituberculosis infiltration of the lung." He said the features were signs of consolidation at the apex, no symptoms of dyspnoea or illness, temperature normal, intracutaneous tuberculin test strongly positive. The child would be ill for
from six months to a year and then the whole thing would rapidly clear up. Very few post-mortem examinations were obtained of such cases. Occasionally they died of miliary tuberculosis.

Drs. Still, Pritchard, McNeil, Rogers and Naish took part in the discussion. Dr. Findlay suggested that this picture was possibly produced by superadded non-tuberculous pneumonia in a tuberculous child.

17. DR. DONALD PATerson: "Mediastinal tuberculosis." He described the case of a boy aged six, whose chest was X-rayed and shortly afterwards a feverish illness occurred. In the middle of this an X-ray of the chest showed marked shadows about the hila of the lungs. No physical signs were found in the chest or in the child, and he felt quite fit throughout the illness. When the fever settled the shadows remained about the root of the lungs. The intracutaneous tuberculin test was strongly positive. It was suggested that this was the clinical picture of an infection of the mediastinal glands.

Drs. Pritchard, Langmead, Wilkie Scott, Alexander, Vining and Findlay took part in the discussion.

18. DR. BELLINGHAM SMITH: "Insulin in two cases of coeliac disease." He described two cases of coeliac disease, aged 3½ years who were doing extremely badly and on an average mixed diet were given 24 units of insulin daily. In three months they had gained 8 pounds. He suggested that the improvement was due to the stimulation of carbohydrate metabolism and he wondered whether we were not concentrating too closely on the faulty fat metabolism in this disease. The stools had improved, containing only 22% of fat.

19. DR. K. D. WILKINson: "The results of tonsillec tomy in rheumatic children in lessening the incidence of cardiac disease." He described an unselected series of rheumatic children who were followed up and re-examined, 50% having retained tonsils, 44% having tonsils removed. The severer cases had been operated upon rather more often than the slighter; nevertheless, normal hearts were found in the proportions of 74% (in the tonsillectomized) to 20% (untonsillectomized). The tonsils could be removed safely and with benefit early in rheumatism or chorea. Disturbance was uncommon, and improvement almost invariable. After-results show a marked diminution of cardiac disease in the tonsillectomized.

Drs. Bourne, Thursfield and Vining took part in the discussion.

20. DR. EDMUND CAUTLEY: "Some causes on paroxysmal apnoea and dyspnoea." He drew attention to cases of paroxysmal apnoea occurring in the first month of life, rarely later, from no apparent cause. Respiration stopped suddenly or gradually, and the child became more or less blue. There was no initial disturbance, no sign of fatulence or colic, and no cry indicating any distress. Attacks might occur daily or even hourly, or the first one might prove fatal. In the intervals the child seemed well. Possibly there was some damage to the bulbar region of the brain at birth. In three recent cases no evidence of a causal factor could be found during life or after death. These cases must be differentiated from those of apnoea, secondary to dyspnoea from various causes or following respiration of Cheyne-Stokes type. Dr. Cautley’s three cases were similar to those described previously by Dr. Still.

Dr. Naish discussed the paper.

21. DR. THURSFIELD: "Myelocytic leukaemia and error in diagnosis." He described a child aged nine, with a greatly enlarged spleen, fever, one million red and 7,000 white cells, of which 500 were myelocytes. The hemoglobin was 20%. After transfusion the myelocytes rose to 1,700. Three months later the red cells had reached three million and the myelocytes had disappeared. A fragility test was then done and the case proved to be one of acholuric family jaundice.

22. DR. ERIC PRITCHARD: "The treatment of hydrocephalus." He said that before undertaking treatment of these cases, it was essential to discriminate between the communicating and non-communicating cases by a method of injecting indigo-carmine or other dye into the
lateral ventricles. Communicating cases could be treated with highly successful results by a system of dehydration. The method was to reduce the intake of fluid to from 16 to 20 ounces in the twenty-four hours and encourage diureses and free action of the bowels. Thus treated, all cases of hydrocephalus, whether obstructive or otherwise, ceased to increase, and in many cases actually decreased. In quite a large number of communicating cases the cure was permanent by the gradual establishment of collateral channels for the absorption of cerebro-spinal fluid.

Drs. Parsons and Nabarro took part in the discussion.

23. DR. R. C. JEWESBURY: “The protein requirements of infants.” He said that the optimum protein requirements for an infant were 1-6%. He described a clinical picture which he called “protein intolerance.”

Drs. Cameron, Findlay, Parsons and Langmead disagreed with him and were not able to recognize this picture. Dr. Pritchard thought that high protein feeding caused hyperchlorhydria and dyspepsia in later childhood.