BRITISH PEDIATRIC ASSOCIATION

Proceedings of the Twenty-seventh Annual General Meeting

The twenty-seventh annual general meeting of the British Paediatric Association was held at The Old England Hotel, Windermere, from April 25 to 28, 1956.

BUSINESS PROCEEDINGS. Professor S. Graham took the Chair as the President, Professor F. M. B. Allen, had suffered a motor accident and was unable to be present. The following members were present:


The report of the last annual general meeting was approved.

ELECTION OF OFFICERS. The following were elected:—

President: Professor J. Craig
Treasurer: Dr. R. Lightwood
Secretary: Dr. P. R. Evans

EXECUTIVE COMMITTEE (for three years):

Dr. A. C. Doyle Bell
Dr. D. MacCarthy
Dr. R. Mac Keith
Professor A. G. Watkins
(to replace Professor J. Craig, Dr. G. H. Newns, Dr. J. F. Smith and Dr. R. E. Steen).

ELECTION OF MEMBERS. The following members were elected:—

HONORARY MEMBER:
Professor F. M. B. Allen

CORRESPONDING MEMBERS:
Dr. J. H. Ebbs (Toronto)
Dr. Grover Powers (New Haven)
Dr. Joseph Stokes (Philadelphia)
Dr. H. C. Trowell (Uganda)
Professor C. C. de Silva (Colombo)

ORDINARY MEMBERS:
Dr. F. S. W. Brimblecombe
Dr. J. O. Craig
Dr. T. P. Mann
Dr. L. G. Scott
Dr. S. D. V. Weller
Dr. B. D. R. Wilson

The Treasurer's Report was received and approved.

The Executive Committee's report was received and approved, and is printed below:

Report of the Executive Committee, 1955-56

1. The Association will wish to congratulate Dr. Charles Harris on his appointment as Deputy Vice-Chancellor of the University of London, and Professor Stanley Graham on receiving the honorary degree of LL.D. (Toronto).

2. QUEBEC MEETING. At the joint meeting of the British Paediatric Association, the Canadian Paediatric Society and the American Pediatric Society in Quebec in June, 1955, the Association presented to the Canadian Society a carved gavel made from wood remaining from the old plane tree which stood in the grounds of The Hospital for Sick Children, Great Ormond Street.

3. HISTORY. The Executive expressed its gratitude to Dr. H. C. Cameron for writing and seeing through the press the history of the Association. Dr. R. Mac Keith was appointed Assistant Historian to the Association.

4. ARCHIVES OF DISEASE IN CHILDHOOD. Dr. W. W. Payne (re-elected), Miss Isabella Forshall and Dr. C. G. Parsons were nominated to serve on the Editorial Committee of the Archives of Disease in Childhood.

5. ANNUAL LECTURES. A questionnaire showed
that 59 members favoured continuing the Still Lectures, while eight opposed it; 44 were for and eight against the Windermere Lectures. Unless new funds are produced, the last Windermere Lecture will be given in 1956.

6. TROPICAL PEDIATRICS, ETC. A new standing sub-committee has been set up to consider tropical paediatrics. Three visitors from the Commonwealth or Colonies have taken advantage of the offer of the Association to assist them to see what particularly interested them in paediatrics in the United Kingdom. At the invitation of the Executive Committee, the Colonial Office has nominated Dr. J. C. R. Buchanan to attend meetings as an observer when matters affecting the Colonies are to be discussed.

7. INTERNATIONAL PEDIATRIC CONGRESS. A party of members of the American Academy of Pediatrics and their wives is stopping a short time in London on the way to the International Congress in Copenhagen, and it is hoped that many of our members (and their wives) will come to meet them at a dinner in London on July 18. The dinner is to be held at the Mansion House, by the kind permission of the Lord Mayor.

8. HYPERCALCAEMIA REPORT. A sub-committee was asked to investigate the incidence of hypercalcaemia in infants. Many members assisted in this enquiry and with remarkable celerity a report was prepared. In addition to indicating the incidence of the disease, it was shown that many infants were likely to receive more vitamin D than was generally realized. This is now being considered by the Ministry and the Medical Research Council.

9. ADMISSION OF CHILDREN TO HOSPITAL. A sub-committee has been set up to consider future policy regarding admission to hospital. It is thought that this needs consideration as older calculations of the needs for beds may not be apposite now that the incidence and treatment of certain illnesses have changed. Other organizations, such as the Nuffield Foundation, are also keenly interested in this subject.

10. HEIGHT AND WEIGHT COMMITTEE. The Height and Weight Survey Committee (Joint with Ministry of Health and Ministry of Education) was set up in 1948, and now that the results of the survey are being analysed the committee has been disbanded. Our thanks are due to its members (Dr. C. P. Pinckney, Dr. C. Asher, Dr. G. H. Newns) for their work.

11. MEMBERSHIP. The Executive Committee feels that it is time once again to consider future policy with regard to membership of the Association and there is little doubt that this will be one of the principal topics for discussion during the coming year.

12. OTHER CORRESPONDENCE. Among other matters considered, have been shortage of radiographers and of nurses, paediatrics in the medical curriculum, and whether the nation has enough paediatricians.

Rule 3 was altered to read: "The business of the Association shall be conducted by an Executive Committee consisting of a President, a President-Elect, a Treasurer, a Secretary and 12 Ordinary Members. All these officers shall be elected at an Annual General Meeting."

There was a discussion on the pros and cons of increasing the membership of the Association.

Scientific Meeting

In addition to the members noted above, Professor C. McNeil and the following new members, Dr. F. S. W. Brimblecombe, Dr. J. O. Craig, Dr. T. P. Mann, Dr. L. G. Scott and Dr. S. D. V. Weller, attended the scientific meeting, as well as 38 guests of whom 10 came from abroad.

Dr. L. Emmett Holt, Jnr., delivered the Windermere Lecture, his subject being 'The Adolescence of Nutrition'.

In two morning sessions the following communications were given:

Drs. R. Lightwood, F. S. W. Brimblecombe, and J. A. Davis (London) described 'A London Trial of Home Care for Sick Children with a Mobile Paediatric Team Supporting the Practitioner.' Although modern medical practice is based on a separation of the domiciliary and hospital services, there is a certain amount of overlapping: some practitioners hold hospital appointments, and there are a number of hospital home care projects. In America, private medical care being expensive, these projects provide for poor families and tend to displace the practitioner; in Britain the primary aim is to help the doctor in diagnosis and treatment, thus avoiding admission to hospital.

At St. Mary's Hospital a paediatric home care project provides rapid and comprehensive diagnostic help as well as a nursing service. Practitioners can call on a mobile team of hospital paediatricians and nurses to help in the care of children who would otherwise be admitted to hospital. From April, 1954, to March, 1956, 582 cases, mostly young children, have been handled, including many of the major medical illnesses, and it has been possible to apply the usual hospital procedures for diagnosis and treatment. The aims, in order of importance, are (1) improved practitioner/hospital liaison; (2) avoidance of unhappiness and cross-infection; and (3) reduction of cost while maintaining standards.

In an urban area where there is no shortage of beds, the service is gaining popularity and doctors are using
it more and more, finding that it helps to keep them in touch with hospital practice and to share clinical responsibility without losing it. There are also advantages in bringing hospital staff into contact with domiciliary work.

The treatment of a patient in the environment where his illness has been acquired can frequently provide opportunities for correcting social and environmental causes.

Dr. W. M. Gibson (Montreal). ‘Lingular Biopsy Assessment.’ Lingular biopsy is a relatively simple technique for obtaining lung tissue during thoracotomy. Control studies have shown that the vessels seen in such biopsies are representative of those throughout the lung. Fifty lingular biopsies were taken at The Hospital for Sick Children, Great Ormond Street, from 99 cases of simple or complicated patent ductus arteriosus. Satisfactory studies of the vessels could be made in 48 cases. Definite changes attributable to pulmonary hypertension were found in the vessels in 23 cases; the most frequent alterations in the vessels consisted of hyperplasia and hypertrophy of the medial muscle coat and duplication of associated elastic tissue.

Among the 48 cases, pressure studies were available in 24 instances. In this group, there was a direct relationship between mean pulmonary pressure, and the degree of the histological changes. It was notable that the severest lesions, consisting of intimal thickening or necrotizing changes in the vessel wall, were only seen in children over 3 years of age.

The present study confirms the value of lingular biopsy in diagnosing the presence and degree of pulmonary hypertension.

Dr. Gavin C. Arneil (Glasgow). ‘Vasopressor Factors in Stored Plasma.’ It has previously been demonstrated that plasma from cases of acute nephritis with hypertension developed greater vasopressor activity than plasma from normal subjects when tested in the debranminated rat. It is now noted that angiotenin may be accurately assayed by this method and that incubation of normal plasma at 37°C results in marked pressor activity appearing. This rise in pressure should not be due to an adrenaline, or serotonin or an organic amine; these are blocked by dibenamine. The active plasma was compared with samples of plasma to which vasopressin or angiotenin had been added. The former is differentiated easily, since sodium thioglycollate destroys its activity. The latter differs in pattern of contraction induced, both in the rat when tested on guinea-pig ileum, and probably in the site of action. Plasma becomes activated by such incubation even when thrombocytopenic; neither serum nor plasma in which the platelets have been traumatized by agitation possess pressor activity until incubated; clotting and platelet disintegration are not, therefore, likely to be implicated.

During the preparation of plasma by the blood transfusion service, this biological fluid is retained at room temperature for considerable periods. Eight specimens of blood bank plasma were tested and each found to contain pressor activity equivalent to more than 100 cat units of angiotenin per 100 ml. This is sufficiently potent to make pharmacological activity in vivo seem likely, if man is as sensitive as rat to the vasopressor factor and plasma infused as rapidly.

Dr. J. H. Hutchison (Glasgow). ‘Hereditary Transmission of Sporadic Cretinism with Goitre.’ The pedigree of a family group of itinerant tinkers in which there had appeared 10 goitrous cretins with four sibships, and four cases of Werdnig-Hoffmann spinal paralysis in another sibship was shown. The pedigree had been traced back for 160 years and included five generations. The amount of consanguineous mating had been remarkable and was due to the peculiar isolation of these people from the rest of the community. The pedigree satisfied the usual criteria of simple recessive inheritance. This mode of inheritance was made the more likely by the very frequent occurrence of familial incidence and consanguinity in other similar cases of goitrous cretinism which have been described in the British and American literature. Five other cases of goitrous cretinism which had been observed in Scotland were described. They belonged to two separate families, also tinker-people, and it seemed probable that they owed their condition to the same autosomal recessive gene occurring in the homozygous state. Radioactive iodine studies on these patients had produced evidence to suggest that, in this group, the state of goitrous cretinism was due to an inborn deficiency of the enzyme dehalogenase. As a result, the iodotyrosyl groups within the thyroid gland were not de-iodinated and large amounts of diiodothyrosine were lost from the gland into the blood stream. In none of these cases was there any deficiency of iodine intake or ingestion of goitrogens.

Dr. J. W. Farquhar (Edinburgh). ‘Combined Management of the Diabetic Pregnancy: A Review of 123 Consecutive Pregnancies.’ The foetal loss rate in 123 diabetic pregnancies (of which three were twin pregnancies) studied in Edinburgh from 1948 to 1955 is much smaller than that which had prevailed previously. It was contended that the improvement was the direct result of careful combined work by a team consisting of physician, obstetrician and paediatrician. The overall foetal loss was 29.4% and the viable foetal loss was 22.6%. In 84 cases, however, where the obstetric care was judged to have been adequate, the loss was only 16.6%. Inadequate antenatal obstetric care, together with poor diabetic control, made a very lethal combination, the viable foetal loss being 60%. Premature intrapartum death accounted for 17 losses and remains the greatest problem. The pathology of the eight neonatal deaths was varied but definite. Abnormal clinical behaviour was shown by 39 of the 97 babies who were born alive. The clinical features may be divided broadly into dyspnoea which lasts for hours or days, and apnoea which is brief but may be recurrent. The former is not necessarily due to respiratory pathology and is often progressive to death. The apnoic attacks are alarming, but not fatal. Evidence was offered to support the contention that a factor additional to prematurity was responsible. Brief mention was made...
of paediatric management of the newborn, of congenital malformations and of the risk of diabetes mellitus in the offspring.

Dr. H. McC. Giles (London). 'Nephrotic Syndrome in the Newborn.' Three cases were presented in which the nephrotic syndrome developed during the first few weeks of life. Two were brother and sister, and the offspring of first cousins; the parents of the third were second cousins once removed. There were healthy sibs in both families, and no other cases of renal disease were known in either. The infants died at 6, 5 and 2½ months respectively. At necropsy, the most striking feature was gross renal tubular damage with only minor glomerular lesions; these changes varied in severity with the age at death.

Alcohol-fixed material from the liver, spleen, kidney and bone-marrow in each case showed anisotropic crystals which were probably amino-acid in nature, although the amount present was insufficient for positive identification. Microdissection of the kidneys (Dr. E. M. Darmady) showed narrowing of the juxta-glomerular portion of the tubule, recalling the 'swan-neck' lesion found in the Fanconi syndrome; in the third infant the changes were less clearly defined.

It was concluded that all three cases suffered from the same disorder, which involved primarily the renal tubules and was perhaps inherited as a recessive characteristic.

Dr. R. J. Pugh and Dr. H. Blyth (Leeds). 'Childhood Muscular Dystrophy: a Combined Clinical and Genetic Appraisal.' A field survey has been attempted from Leeds over the last four years with the object of tracing as many examples as possible of childhood muscular dystrophy in order to learn what clinical types are recognizable and how they are inherited.

Ninety-four patients developing symptoms due to muscular dystrophy during the first 12 years of life have been examined in their homes and genetic histories recorded. The vast majority (86) represent the familiar childhood type, but separate into two groups by virtue of differing severity and rate of progress, while the remaining cases are made up of facio-scapulo-humeral (five) and limb girdle (three) variants.

Some features of the two more common types are summarized:

An appreciation of the likely category of an affected child may influence educational and occupational management and allow of a more accurate prognosis.

Dr. Constance Forsyth (Dundee). 'Serum Protein Electrophoresis: Studies in Rheumatic Fever, Still's Disease and Acute Nephritis.' By paper electrophoresis the serum proteins may be separated into albumin and α₁, α₂, β and γ globulin bands. The method provides greater detail than the albumin/globulin ratio and more selective information than the blood sedimentation rate.

In this study, the paper strips were prepared using the Flynn and de Mayo technique. As a preliminary, the normal alterations in pattern for children between birth and 12 years were established, and the changes in acute and chronic infections were investigated. Serial studies were then made during the course of the illness in 20 children with rheumatic fever, 15 with Still's disease and 24 with acute nephritis and related to their clinical progress and the blood sedimentation rates. As in infections, increases in α₁, α₂ and γ globulins reflected the stage and severity of the disease; such increases, however, did not always run parallel with fluctuations in the blood sedimentation rate and sometimes persisted after the latter had returned to normal. Serum electrophoresis may thus provide an additional guide to the duration of treatment with salicylates, cortisone or simple bed rest.

The following papers were also read: 'Regeneration of Bone Marrow in Aplastic Anaemia' (Dr. C. Gasser, Zurich); 'Some Observations on the Treatment of Acute Leukaemia in Childhood' (Dr. R. B. Thompson, Newcastle); 'Histological Aids to the Diagnosis and Management of Hirschprung's Disease' (Dr. M. Bodian, London); 'The Diagnosis and Treatment of Persisting Hyperelectrolytaemia with Renal Dysfunction in Infants' (Drs. W. F. Young, Bernard Levin and Alex Russell, London); 'British Freeze-dried B.C.G. Vaccine: Preliminary Clinical Trials' (Dr. J. Lorber, Sheffield).