BRITISH ASSOCIATION OF PAEDIATRIC SURGEONS

The Fourth Annual Meeting of the British Association of Paediatric Surgeons was held in Edinburgh at the Western General Hospital, and the Royal Hospital for Sick Children, on June 6, 7 and 8, 1957, under the chairmanship of Mr. Denis Browne, the President. The meeting was attended by paediatric surgeons from many countries, including U.S.A., Sweden, Denmark, Poland, Belgium, Holland and Portugal.

At a meeting of the Council of the Association, it was decided that the president should be elected at the Annual General Meeting to take office from the following January 1, and should normally hold office for two years.

ELECTION OF OFFICERS FOR THE YEAR 1958. The following were elected:

**President:** Miss Isabella Forshall
**Secretary:** Mr. R. B. Zachary
**Treasurer:** Mr. P. P. Rickham
**Executive Committee:** Mr. Denis Browne
Mr. W. M. Dennison

ELECTION OF MEMBERS. The following were elected:

**Members of Council**
Mr. M. B. O'Donnell (Dublin), Mr. J. H. Johnston (Liverpool)

**Members**
Mr. A. D. R. Batchelor (Edinburgh), Mr. C. E. Fordyce (Middlesbrough), Mr. C. A. Ferguson (Glasgow), Mr. S. L. Mann (Glasgow), Mr. R. T. Campbell (Southampton)

**Overseas Members**
Dr. J. Zucha (Bratislava), Prof. F. Soave (Geneva), Dr. J. G. Lestache (Madrid), Dr. Madrigal (Mexico City), Prof. J. Kossakowski (Warsaw), Dr. E. Drescher (Warsaw), Dr. W. Poradowska (Warsaw), Dr. Onneniedermeir (Germany), Prof. Raisch (Germany)

The following are abstracts from papers not to be published in full.

J. Kirk (Edinburgh). 'Wringer and Degloving Injuries.' The incidence of this type of injury appears to be increasing. The agents responsible may be encountered by the child both at home and on the roads, and may range from electric wringers to automobile wheels. The shearing nature of the strain applied to the soft tissues produces a similar basic lesion, though the clinical picture varies from a seemingly innocuous split in the skin to complete loss of skin and subcutaneous tissue.

The general principles of wound care are applied in wound treatment. There are several alternative methods of providing primary skin cover; the existing flaps are rarely viable, but in most cases free skin grafts are safer. These may be partial or full thickness, and obtained from the avulsed skin or a fresh donor site. In special instances immediate flap cover may be required.

Several cases were illustrated in demonstration of these injuries and their treatment.

D. W. Shannon (Edinburgh). 'The Place of the Anaesthetist in the Management of Trauma in Children.' The child's high oxygen requirements lower his vital reserves. This is responsible for his rapid deterioration after injury. The clinical assessment of the rapidly changing picture should be based upon clinical observations.

Treatment should be directed against the danger of tissue hypoxia, aiming at increasing oxygen supply, improving oxygen transport to tissue and cutting down tissue demands for oxygen.

D. Vervat (Rotterdam). 'Stenosis and Atresia of the Duodenum.' The causes of obstruction in the duodenum were described, and the diagnosis and clinical picture discussed. Therapeutic measures were discussed in the light of the pathological findings, and special attention was paid to pre- and post-operative measures, anaesthetics and technical problems.

D. Vervat (Rotterdam). 'Biliary Atresia.' The causes of prolonged icterus after birth were described and the clinical and pathological manifestations discussed.

With reference to the work of Karrof and Donovan and a case of biliary atresia seen in the Children's Hospital in Rotterdam, the possibility of postnatal growth of bile ducts was considered.

Hugh B. Lynn (Louisville, Kentucky). 'Film on Duodenal Obstruction.' This film is a pictorial presentation of obstruction of the duodenum in infancy, including atresia, early and late symptomatic stenosis, and incomplete rotation with duodenal bands, etc. Radiographs and drawings are inserted as aids in orientating the viewer.

The surgical management of these conditions is the subject matter and follow-up visits are shown in most cases.

Emphasis is placed upon the incidence of mongolism associated with this condition. In this series the incidence of established mongolism has been at least 30%.

The association of a mobile caecum with the various forms of duodenal abnormality is pointed out.

I. S. Kirkland (Edinburgh). 'Acute Dilatation of Stomach.' Although now a rarity in surgical practice this is still a serious complication. The clinical picture presents these outstanding features: sudden enlargement of the stomach, large amounts of gastric aspirate, progressive dehydration.

Acute dilatation of the stomach has followed almost every type of operation and many other conditions, notably accompanying diabetic coma and dietary indiscretions. Pathological findings in fatal cases seldom
show any evidence of mechanical obstruction to the pylorus and duodenum. The aetiology is discussed together with observations on the quantities and analyses of fluid aspirated from the intestinal tract.

The clinical findings in patients with acute gastric dilatation are summarized and these illustrate the two forms in which the condition may present: (1) mechanical compression syndrome and (2) dehydration and electrolyte loss syndrome. The principles of treatment of such cases are outlined briefly.

H. H. Nixon (London), 'Agenesis of the Sacrum'. Eight cases of the isolated deformity were discussed. All were referred for urinary symptoms and had a neurogenic bladder disorder. The abnormality may not be clinically obvious and there may be no other neurological lesion demonstrable. Nevertheless post-mortem examination of one case revealed a myelodysplasia which was much more extensive than the skeletal defect.

The radiographs and records of 41 cases of imperforate anus or rectum were reviewed and radiographs of 25 other babies examined as controls. Half the cases of imperforate anus had sacral agenesis of some degree.

Of the cases of imperforate rectum only one-third had a normal spine, but of the remainder only half had true sacral agenesis. The remainder showed 'epistasis'. In this condition the apparent shortening of the sacrum to four segments is compensated for by an extra lumbar vertebra.

In true agenesis of the sacrum with loss of more than one segment bladder dysfunction is most likely, but in epistasis the bladder function will often be normal.

A. Small (London), 'Operation for Cervical Sinus.' A cervical sinus is a considerably larger structure than is suggested by its minute external orifice, but removal beginning at its orifice may be difficult because of the extent of the dissection under the upper margin of the incision, and because the sinus, though substantial in size, is insubstantial in strength. As has been recognized, access to the upper portion is made easier by a supplementary incision over the bifurcation of the carotid (the 'step-ladder technique'). The sinus is defined and strengthened by the passage of a ureteric catheter, lubricated with vaseline. The dissection is completed up and down through the one incision.

George P. Mitchell (Edinburgh), 'The Value of Arthrography in the Treatment of Congenital Dislocation of the Hip.' Straight x-ray examination of 'congenital dislocation of the hip' shows the degree of osseous aplasia but fails to reveal the cartilaginous outline of the acetabulum and femoral head.

The injection of radio-opaque fluid into the hip joint enables radiotranslucent structures to be visualized and provides further information about the different stages of dysplasia—predislocation, subluxation and dislocation.

Arthrography indicates to what extent the cartilaginous roof of the socket is deformed by the displacing femoral head and demonstrates the presence of any soft tissue obstacle which might prevent accurate reduction.

J. Kossakowski (Warsaw), 'Unusual Causes of Trauma in Infancy.' The author gave a number of rare causes and circumstances of trauma in infancy, observed during 27 years of practice. Among other cases he quoted fire-arm injuries of foetuses in the womb; one of these children was born by caesarean section, then operated on and saved. Further he quoted cases of mortal injuries inflicted on newborn babies by young children; he gave instances of medical interventions performed by children on their younger brothers and sisters, and many other circumstances of unusual trauma which occurred in the course of children's games. The author found these cases not only unusual but also useful in psychological considerations concerning children of different ages, which may often help in preventing quite unexpected injuries.

J. Kossakowski (Warsaw), 'The Indications for Caecostomy in Peritonitis and Intestinal Obstruction.' The author used caecostomy almost exclusively in unusual difficult and neglected cases of diffuse peritonitis or mechanical intestinal obstruction in newborns, infants and older children. The operation consisted in leading a thin rubber tube through an opening in the caecum and (most often after having removed the appendix) through the ileo-caecal valve (Bauhin) to the small intestine. The drain passed outside the operation wound through a small opening in the skin. Indications for this operation are: very serious and dangerous cases of adynamic obstruction in the course of peritonitis or unresolved mechanical obstruction, and also after resection and immediate anastomosis in infants. In the Warsaw Surgical Children's Clinic caecostomy has been performed over 50 times. Several times caecostomy followed an operation for peritonitis or intestinal obstruction when, in spite of the removed cause of the disease, the child's condition rapidly grew worse. The condition of all the children who had been operated on was very bad and there seemed to be no hope of keeping them alive; six children died after caecostomy.

C. P. Stewart (Edinburgh), 'Observations on Metabolic Changes Following Trauma.' The necessity of providing controls for the interpretation of blood and urine analyses in traumatized patients has meant that most of our knowledge of the metabolic changes following trauma has, in fact, been obtained by the study of surgical patients. However, it is clear, from a comparison of such studies with analyses after accidental trauma and from animal experiments, that there is one basic metabolic pattern representing the sequel to trauma in general, modified though it may be in individual cases by various factors such as the type and extent of the trauma, the condition and previous history of the patient, etc.

The main features are well known—a marked increase in protein oxidative breakdown, and alterations in the electrolyte balance strongly suggestive of increased secretion of adrenocortical hormones (which indeed ordinarily occurs).

Three of the many parts which make up this broad picture were discussed: the means of ensuring that the normal electrolyte changes do not become abnormal; the importance of the adrenocortical factor; and the changes in the plasma proteins.