BRITISH PAEDIATRIC ASSOCIATION

Proceedings of the Thirtieth Annual General Meeting

The Annual Meeting of the British Paediatric Association was held at the Royal Hotel, Scarborough, from April 22 to 25, 1959.

BUSINESS PROCEEDINGS. Dr. John Forest Smith took the Chair as President, and the following members were present:


Professor A. M. Claye, President of the Royal College of Obstetricians and Gynaecologists, Dr. Geoffrey Dawes (George Frederic Still Memorial Lecturer) and Mr. G. J. Piller were the guests of the Association.

The following were present as guests of members of the Association:


The Annual General Meeting was held on April 23, 1959.

The Minutes of the last meeting, which had been published in the Archives of Disease in Childhood, were received and approved.

ELECTION OF OFFICERS. The following were elected:

- **PRESIDENT**: Dr. R. C. Lightwood
- **PRESIDENT-ELECT**: Professor A. V. Neale
- **TREASURER**: Professor A. G. Watkins
- **SECRETARY**: Dr. E. W. Hart

EXECUTIVE COMMITTEE, 1959-62:

- Dr. P. R. Evans, Dr. A. White Franklin, Dr. Victoria Smallpeice, Dr. J. P. M. Tizard

ELECTION OF MEMBERS. The following were elected:

- **HONORARY MEMBERS**
  - Dr. J. Forest Smith, Dr. J. A. Fraser Roberts, Dr. Helen M. M. Mackay, Dr. W. W. Payne, Professor L. S. Pentrose

- **CORRESPONDING MEMBERS**
  - Dr. C. Elaine Field (Singapore), Professor C. A. Janeway (Boston), Professor J. H. P. Jonxis (Groningen), Professor M. Lelong (Paris), Dr. A. Thomas (Paris)

- **ORDINARY MEMBERS**
  - H. Angelman, M. W. Arthurton, Margaret D.
Report of the Executive Committee
1958-59

Obituary. The Association has suffered the loss of two honorary members, Dr. D. N. Nabarro and Dr. T. Pearse Williams, and of a corresponding member, Dr. H. Helmholz.

Executive Committee

The following are invited to attend as observers: Cécile Asher (Ministry of Education), Dorothy Taylor (Ministry of Health), W. P. Sheldon—from April 1959 (Ministry of Health), J. C. R. Buchanan (Colonial Office).

The Committee met in November, 1958, and February and April, 1959. In addition to receiving reports from sub-committees (see below) the following matters were among the more important considered:

1. Liaison with British Medical Association. The two Associations are often asked to give evidence to committees and so on but have no ready mechanism for finding out when this is occurring or for comparing points of view. Attempts are being made to remedy the deficiency but so far nothing has been achieved except an agreement in principle. It should however be added that the Public Health Committee of the B.M.A. has for years sent its agenda and minutes to the secretary of the B.P.A.

2. Archives of Disease in Childhood. At the last Annual General Meeting the Executive was asked to consider and recommend whether subscription to the Archives at £3 0s. 0d. a year should be compulsory for all ordinary members, or whether to continue, as at present, the payment of £4 4s. 0d. a year if one wishes to subscribe. The Executive recommends the block subscription, i.e. £2 0s. 0d. annually as subscription to the Association and in addition £3 0s. 0d. annually for the Archives.

3. Children in Adult Wards. Discussion and investigation (the latter conducted by M. MacGregor) of the number of children in adult wards have continued. It seems that about 16% of children are in adult wards but there are wide local variations. It was pointed out that the Faculty of Ophthalmology in 1958 that children having eye operations should be cared for in ophthalmic departments; subsequently the report of the Platt Committee on the Welfare of Children in Hospital appeared, in which this special point is adequately dealt with.

4. Queen Mary's Hospital, Carshalton. After considering a letter and documents submitted by the Physician-Superintendent of this hospital, the Executive affirmed the Association's support of the policy advocated in the 1957 report of the Paediatric Committee of the Royal College of Physicians of London and asked to be kept informed of developments.

5. Invitation from Swedish Paediatric Society. An invitation for 20 members to visit Sweden in September, 1960, was accepted.

6. Poliomyelitis Congress. It was agreed that the Association should do what it could to further the success of the International Poliomyelitis Congress to be held in London in 1960.

7. Canadian Joint Meeting. It was agreed that the joint meeting of the Canadian and British Associations should be held in Britain during July, 1961.

8. General Physicians. It was decided to enquire how many paediatric sessions were being conducted by general physicians. Most regions have supplied the information requested.

9. Commonwealth Visitor. Following a suggestion made by D. Gairdner, it was decided to try to raise money to assist a paediatrician from the
Commonwealth to visit Britain each year at a time which would allow him to attend the annual meeting.

10. **The Council.** It was agreed to propose in 1960 alterations of the Rules so that the Executive Committee should change its name to The Council. Membership of the Executive Committee is almost always initiated by the proposal of the name of a candidate by one of the members of the Committee at its February meeting. Rule 4 permits any member of the Association to propose candidates and it is hoped that in future proposals will be sent in, in the same way as proposals for membership of the Association.

11. **Membership.** In view of the unprecedented increase in membership occurring from 1958 to 1960 it was decided to nominate for election only consultant paediatricians, and to take an early opportunity to debate future membership policy with regard to other specialists, such as paediatric surgeons and children's psychiatrists.

12. **Paediatric Education.** Some years ago a W.H.O. questionnaire on paediatric education in Europe was circulated. We were asked this year to follow it up by sending a representative to Zürich to discuss 'some selective measure which will increase definitely the standard of paediatric education', but declined, as we thought the initial enquiry did not provide a reliable basis for the discussion.

13. **Other Topics.** Other matters discussed were: arrangements for the annual meeting; nomination of members of the Association and its committees; preventive aspects of child health; accidents in childhood; formation of the Paediatric Research Society and the Paediatric Visiting Club; Niehans' treatment for mongolism; and the Report to the Government of Northern Ireland on Child Guidance and Speech Therapy.

**Standing Committees**


Report on psychiatric services for children sent to all paediatricians; report of proceedings submitted November, 1958, and April, 1959.

**Nursing:** A. G. Watkins, Mildred Creak, W. P. H. Sheldon, D. J. Waterston, R. S. Illingworth.

No report.

**Tropical Medicine:** R. Lightwood, R. W. B. Ellis, Cicely Williams, M. MacGregor, A. A. Moncrieff, A. G. Watkins.

Reported October, 1958: post-graduate education in this country to be fostered; secondment to overseas territories should be facilitated.

**James Spence Medal:** The Secretary, N. B. Capon, C. G. Parsons, R. A. McCance, F. J. W. Miller.

No recommendation yet made.

**Joint Committee with R.C.O.G.:** P. R. Evans, F. J. W. Miller, J. H. Hutchison, R. Lightwood, A. A. Moncrieff.

No report.

**Representatives:**

- National Association for Mental Health: R. C. Mac Keith
- U.K. Committee for Poliomyelitis: E. W. Hart
- Maternity and Midwifery Committee of Ministry of Health: J. Forest Smith
- Standing Tuberculosis Committee of Ministry of Health: W. S. Gaisford
- Joint Tuberculosis Council: W. S. Gaisford
- Standing Maternity Hospital Report Committee of R.C.O.G.: A. A. Moncrieff
- Medical Advisory Committee of Nursery Schools Association: L. G. Scott
- Leonard Parsons Memorial Committee: S. Graham
- Editorial Committee, *Archives of Disease in Childhood*: see list in Archives

**Ad Hoc Committees**

**School Clinics:** Cécile Asher, A. C. Doyne Bell, R. C. Mac Keith.

Recommendations about referring children for second opinions and about medical treatment at school clinics sent to South-East Metropolitan Regional Paediatric Society and to Ministry of Education.

**Soft Drinks:** P. R. Evans, W. W. Payne.

Report sent to Ministry of Agriculture, Fisheries and Food.

**Composition of Milk (Cook Committee):** E. W. Hart, W. A. B. Campbell, I. A. B. Cathie, J. Thomson.

Written evidence sent; the Committee has now asked for oral evidence as well.

**Medical Care of Adolescents:** D. V. Hubble, R. Gordon, R. C. Mac Keith, Victoria Smallpeice, R. E. Smith.

Report sent to Royal College of Physicians Paediatric Committee and to British Medical Association; published in *The Lancet*.

**Half Cream Condensed Milk:** Helen Mackay, P. MacArthur, Winifred Young.

Comments sent to Ministry of Agriculture, Fisheries and Food.

**Skimmed Milk with Added Fat:** Helen Mackay, P. MacArthur, Winifred Young.
Agriculture, Fisheries and Food.

Adoption: Medical Examination: R. C. Mac Keith, D. MacCarthy, A. White Franklin.

Report on examination before adoption sent to Standing Conference of Adoption Societies.


Comments sent to the Ministry of Health.


Report sent to Home Office Departmental Committee.

Infectious Diseases Hospitals: R. H. Dobbs, F. F. Kane, M. MacGregor, Dorothy Taylor.

No report.

Questionnaires

One of the admirable features of the Association is the facility it offers for quick surveys which may answer questions which are being asked urgently, e.g. do we see ariboflavinosis? It is the good response which makes these exercises so valuable. In the recent enquiry about parents in hospital, carried out for the Nuffield Foundation, 96% of those in clinical paediatric practice replied, a truly remarkable figure. The results have not yet been analysed, but I hope they will be available to us before long.

Scientific Sessions

G. C. Arneil (Glasgow). 'Nephrosis in the Early Months of Life.' During the past few years 168 cases of the nephrotic syndrome were followed up at the Royal Hospital for Sick Children, Glasgow. Sixty-four (38%) were aged less than 2 years at the time of onset of the disease. This finding differs from the incidence in other areas. The various factors which may have contributed to the high incidence in these young patients were discussed. Four cases of congenital nephrosis were seen and all died. The prognosis of these young patients was found to differ significantly according to sex, and to the duration of oedema. The results of long-term follow-up are included.

W. W. Payne (London). 'A Comparison of Different Forms of Therapy in Nephrosis.' Three periods of treatment were reviewed, pre-antibiotics, antibiotics and antibiotics plus steroids. In the first group approximately 50% recovered and 50% died. In the second group 53% recovered and 32% died, and in the third group 40% recovered and 45% died.

The causes of death in the first group were mainly of infective origin, only 17% being from uraemia. In the second group 50% were from uraemia and in the third group 55%. In the second group individual treatments, diuretics (urea, water, mersalyl), resins and thyroid showed that time is the main factor causing healing since no treatment at all other than diet and antibiotics gave the best result. Steroids gave no better results until long-term treatment (six months or more) was given, when a remission rate, higher than the expected 50%, was obtained.

B. D. Bower and P. M. Jeavons (Birmingham). 'The Prognosis of Infantile Spasms.' Thirty patients with infantile spasms starting before the age of 12 months were followed by clinical and E.E.G. examinations for periods varying from 18 months to four years. The authors' scoring system was used to assess the severity of E.E.G. abnormality. All the first E.E.G.s were abnormal, 11 being hypsarrhythmic. At 21 years of age half the patients were free of spasms and over one-third had normal E.E.G.s; only two had hypsarrhythmic E.E.G.s. There was no general mental improvement, but two were mentally normal at 21 years. The E.E.G.s of patients in the perinatal injury group were on average more abnormal than those of the cryptogenic group but up to 21 years the incidence of spasms in the two groups was the same.

Corticotrophin was given to seven other patients. Spasms were controlled and E.E.G. improvement occurred in five, but mental retardation was unchanged.

M. J. Simpkins (London). 'Anaemia and Kwashiorkor.' Children with kwashiorkor were more anaemic than controls. Both groups had reticulocytosis, a low serum iron and the same incidence of malaria and kwashiorkor. Anaemic kwashiorkor children had broad thin red cells and a cellular marrow, often macronormoblastic.

All kwashiorkor children were given skimmed milk. Some were given folic acid, intramuscular iron or both. In all groups there was a big unexplained fall in haemoglobin and later a rise. Reticulocytosis occurred at the beginning of treatment with an eventual rise in haemoglobin. The fall was not due to increased plasma volume. The final haemoglobin was higher in cases given iron and folic acid.

T. T. S. Ingram (Edinburgh). 'The Fertility of Mothers of Diplegic Children and the Fate of Their Conceptions.' The reproductive performance of 76 mothers of diplegic children was compared with that of mothers of children suffering from other forms of cerebral palsy and of mothers from the general population. The mothers of diplegic children had had fewer pregnancies than those in the other groups though their average age was slightly greater. There were fewer conceptions in the years immediately preceding and following the birth of the diplegic child than at earlier or later periods.

Excluding from consideration the pregnancies which resulted in the birth of the patients, only 62% of other conceptions had produced healthy siblings who survived at the time of the study. In a high proportion there had been abnormalities of pregnancy, labour or delivery.

There appears to be an aetiological relationship between diplegia and impaired reproductive performance of the mother.
J. H. Peel (London). ‘The Baby of the Diabetic Mother.’ The causation of the unavoidable, high perinatal mortality in pregnant diabetics remains uncertain. Foetal loss may be due to intra-uterine foetal death or to early neonatal death associated with the pulmonary syndrome of the newborn.

The evidence suggests that antenatal environmental factors play a part in the early neonatal mortality as well as in causing intra-uterine death. King’s College Hospital has worked in progress in an attempt to assess the extent and significance of foetal anoxia as follows:

1. Determination of uterine blood flow by means of radioactive sodium clearance tests.
2. Determination of oxygen saturation of foetal cord blood.
3. Cord haemoglobin levels at birth.

The importance of bed rest in the last weeks of pregnancy was emphasized. Attempts to determine hormonal placental function in the mother were described and the results of cortisone administration to the newborn in a series of babies presented.

G. Gearty (Liverpool). ‘A Review of 25 Cases of Patent Ductus Arteriosus Diagnosed and Treated Surgically during the First Year of Life.’ The value of clinical, E.C.G. and radiological findings and of other ancillary investigations was discussed and illustrated.

Reference was made to the very large ductus and its additional problem of diagnosis.

The differentiation of a patent ductus from other lesions in infancy was considered and the difficulties of diagnosis when a patent ductus arteriosus is associated with other malformations, such as coarctation of the aorta, tricuspid atresia and pulmonary stenosis, were discussed.

H. J. Weston (London). ‘Analysis of the Results of Surgical Treatment of Congenital Heart Disease.’ An analysis of the results of, and difficulties with, surgery on children up to 12 months of age who suffer from congenital heart disease was presented. This surgery has been performed mainly by Mr. David Waterston at The Hospital for Sick Children, Great Ormond Street, London. The series totalled about 120 cases during the years 1955-1957 inclusive.

A. H. Snaith (London). ‘Oestrogen Excretion in Childhood, in Health and Disease.’ No adequate figures for oestrogen excretion by children in health or disease are available. The recently developed method of Brown has made this possible and figures were given for normal boys and normal girls up to the age of 15. Figures for oestrogen excretion in precocious puberty in girls, in cases of adrenal and ovarian tumours and in gynaecomastia were given. The origin of the urinary oestrogens in children and the interpretation of the figures obtained in pathological conditions were discussed.

Jackson Rees (Liverpool). ‘Anaesthetic Methods Applied to the Treatment of Respiratory Disease in Infancy.’ The communication defined respiratory insufficiency as a disproportion between cellular respiration and gaseous exchange, and suggested that such a disproportion is the proximal cause of death in cases of acute respiratory disease in infancy.

The way in which modern anaesthetic methods may be applied therapeutically to restore the equilibrium between metabolic requirements and gaseous exchange in cases of respiratory insufficiency was described, and examples were given of the successful application of each of these methods.

R. C. Mac Keith (London). ‘Micturition Induced by Giggleing: Cataplexy.’ A boy aged 9 and a girl aged 10 wetted themselves when they giggled but not when they coughed. Once started the micturition continued till the bladder was empty, even if the child stopped giggling earlier. The girl’s mother had had similar trouble until she was 14 years old. In each case the problem was discussed and rapid improvement followed and persisted.

The symptom might be a variant of cataplexy or of epilepsy. In cataplexy muscular inhibition on laughter is seen; local forms are known. Micturition occurs with some minor epileptic seizures, which themselves may follow specific stimuli. The children reported probably had originally an abnormality of bladder control, but, when seen, their symptom was being perpetuated by anxiety.


A discussion on ‘The Problems of the Regional Paediatrician’ was held on the evening of April 23, 1959.

The President opened the discussion by outlining problems of which he had been notified and 25 members spoke subsequently. The problems discussed were: co-operation with infectious fever units; filling junior staff appointments; difficulties of deputys to cover leave periods; the sense of isolation of regional paediatricians and the desirability of close liaison with regional teaching centres and how this could be achieved; the need of some regions for more paediatric cover which was not sufficient to justify another full appointment.

The meeting felt that more knowledge on these points was required and the President decided that this should be referred to the Executive for further enquiry.

A. M. MacDonald won the Ulster Cup golf competition.