

BRITISH ASSOCIATION OF PAEDIATRIC SURGEONS

The Seventh Annual Meeting of the British Association of Paediatric Surgeons took place at The Hospital for Sick Children, Great Ormond Street, London, on July 6, 7 and 8, 1960, under the chairmanship of the President of the Association, Mr. David J. Waterston. Surgeons from Great Britain and 20 overseas countries attended the meeting. Three mornings were reserved for lectures. On two afternoons colour television of operations performed by the surgeons at The Hospital for Sick Children was relayed to the Lecture Theatre of the Nurses' Training School. The President gave a Reception on the evening of Wednesday, July 6, which was attended by all members and guests, and the Annual Dinner took place on the evening of July 8.

It was decided to hold the Eighth Annual Meeting in September 1961, in Stockholm.

The following are abstracts of papers not published in full:

G. HYDE (Liverpool and New York). 'A Study of Possible Aetiological Factors in the Development of Sclerema in Newborn Infants following Operation, with particular reference to Temperature Regulation.' Twenty infants were selected for study from admissions to the Neonatal Surgical Unit, Alder Hey Children's Hospital, Liverpool (neurosurgical cases were excluded).

The following investigations of temperature control were carried out:

- (1) A careful estimation was made of the duration of transport and the environmental temperature during transportation in order to evaluate hypothermia or lack of hypothermia induced by transporting the infant to the hospital.
- (2) Skin and rectal temperature readings were tabulated during surgery; and the time needed postoperatively to bring the infants' temperature back to normal was recorded.

An estimation was made of the infants' fluid balance.

Biopsies of the skin and subcutaneous fat were taken from operative wounds and from multiple areas immediately after death in order to determine the histological features of sclerema.

F. DOUGLAS STEPHENS (Melbourne). 'Vesical Diverticula in Children.' Diverticula of the bladder occur with and without associated urethral obstruction. Only the non-obstructive types were included in this paper.

Nine patients exhibiting non-obstructive diverticula were studied. Two types, excluding urachal anomalies, were observed:

- (a) The common narrow-neck type, and
- (b) The uncommon wide-neck type.

The narrow-neck diverticula were frequently para-

ureteral. They had an intimate relationship with vesico-ureteral reflux.

The wide neck diverticulum occupies the side wall of the bladder; it is an anomaly which is not commonly recognized; and a new type of surgical repair was described.

Also considered were (i) the diverticula, their pathology and their surgical management, and (ii) the association of vesico-ureteral reflux with the diverticula and the aetiology of this reflux.

R. T. SOPER (Liverpool and Iowa). 'The Management and Unpredictable Prognosis of Wilms' Tumour Metastases.' Since 1948, 27 cases of nephroblastoma have been treated in Liverpool; 14 of these are known to have died of metastases. Seven cases have been selected for this paper because of metastases which appear to have been treated successfully.

Five cases had pulmonary metastases, and the treatment of secondary growths in the lungs was discussed in some detail. In one case there were massive metastases in the lymphatic and venous systems, and one child had liver metastases. Four of these children survived for periods of between 18 months and 11 years after treatment of their secondaries. Two children died of post-irradiation pulmonary fibrosis, necropsy showing no residual neoplasm. In one recent case the hepatic secondaries disappeared after a course of chemotherapy.

J. LISTER (London). Work carried out with Dr. Philip Callaghan in Dr. Henry Swan's department of surgery in the University of Colorado was reported.

Dog blood was exposed in a disc oxygenator to gas mixtures containing various tensions of carbon dioxide at varying temperatures, and haemoglobin dissociation curves plotted. It was shown that increased carbon dioxide tension opposed the shift of these curves produced by hypothermia. The carbon dioxide tensions required to produce this effect produced bubbling on warming and it was thought some other method of acidifying the blood would be required for clinical use.

E. M. O'NEILL (Sheffield). 'A Method for Predicting the Eventual Head Size in the Early Stages of Infantile Hydrocephalus.' The correction of progressive hydrocephalus must be carried out early in the disease process if it is to be effective, but in choosing cases for surgery it is necessary to exclude those cases in whom early spontaneous arrest of rapid head growth will take place. A method of doing this has been evolved; the technique depends on the comparison of rates of head growth in these patients with those of normal children. The method is graphic, simple to apply and because of its incorporated detail the approximate head size at 1 year

can be forecast whilst the child is still under the age of 4 months, and in many cases long before this.

When the method was applied to a retrospective series of 99 cases it was found that a correct prognosis for the approximate head size, according to one of three grades, could be made in 90% of them. Of even greater importance was the finding that it was possible to make this forecast four or more weeks before 74% of the most

severe cases could be classified as such, that is, whilst the head circumference was still either normal or only just above normal for the age. When applied to future cases this warning of impending gross head size could allow surgical intervention at a much earlier stage than has been previously possible without operating upon those in whom early arrest of spontaneous hydrocephalus would have taken place.