The British Association of Paediatric Surgeons held its Twelfth International Congress in conjunction with the American Academy of Pediatrics (Section on Surgery), in Edinburgh from July 27 to 30, 1965. Over 200 surgeons from 36 countries took part, including 40 paediatric surgeons from the United States with their Chairman, Dr. Lawrence K. Pickett, M.D., F.A.A.P.

An extensive scientific programme was carried out which included the first Mason Brown Memorial Lecture, sponsored by the Royal College of Surgeons, and given by Mr. Wallace M. Dennison, M.D., Ch.B., F.R.C.S. (Edin.), F.R.C.S.(Glas.), F.A.A.P.(Hon.), President of the Association. The social programme included receptions by the President and Council of the Royal College of Surgeons of Edinburgh, the University of Edinburgh, and a Civic Reception by courtesy of the Corporation of the City of Edinburgh, and, in addition, the Congress was honoured by a reception by Her Majesty’s Government in Edinburgh Castle where the guests were received by Lord Hughes, C.B.E., Joint Parliamentary Under-Secretary of State for Scotland; and Mr. T. D. Haddow, C.B., Permanent Under-Secretary of State for Scotland.

The academic programme included a guest lecture by Harvey E. Beadmore of Montreal on the Aetiology of Intestinal Duplication.

At the meeting of the Council of the B.A.P.S. Mr. P. P. Rickham, M.S., F.R.C.S., D.C.H., was elected president for the years 1967, 1968.

The Thirteenth International Congress is to be held in London from July 5-8, 1966. Local secretary will be Prof. A. W. Wilkinson, Ch.M., F.R.C.S., F.R.C.S., Institute of Child Health, Hospital for Sick Children, Great Ormond Street, London W.C.1.

The following are abstracts of papers read at the Meeting:

O. KNUTRUD (Oslo, Norway). ‘The Function of the Adrenal Cortex in the First Week of Life.’ Previous work suggested that during the first week of life there was diminished adrenal activity and reduced adrenal response to ACTH stimulation. Further investigations on water and electrolyte metabolism show a reaction to trauma in newborn infants, which is fundamentally the same as in adults, suggesting that the adrenals in the newborn can be stimulated to increased activity at a time when the foetal adrenal cortex persists. Adrenal response in the normal newborn both to ACTH and to major surgery was found to be similar to that of adults.

A. W. WILKINSON (London, England). ‘Neonatal Sodium Conservation.’ By adult standards neonatal renal function is often regarded as being limited and even inadequate, though it is well adapted to the excretory requirements of the growing infant.

One of the remarkable features of neonatal renal function is the capacity to reduce the concentration of sodium in the urine to a very low level and so to conserve sodium. In the normal newborn infant, sodium conservation is intensified about the time that adequate feeding is started, and is associated with other changes in urinary composition, but not always with an increase in urinary volume. This phenomenon has not so far been explained.

Recent work on starvation in adults indicates that glucose may be necessary for maximal renal tubular conservation of sodium. Data from newborn infants and adults during starvation and after operation was presented, suggesting that so far as renal excretion of sodium is concerned the response of the previously starved infant to the provision of calories closely resembles that of the adult.

HUGH B. LYNN, BRIAN DAWSON, A. D. SSELLER, and R. R. JONES (Rochester, Minnesota, U.S.A.). ‘Venous Pressure: An Aid to Better Management of Blood Loss and Replacement in Infants and Neonates.’ After reviewing various methods of assessment of blood loss and replacement during surgery in newborn infants and young children, the advantages of continuous monitoring of venous pressure in the external jugular vein were presented. The apparatus was described, problems outlined, and significance of results discussed.


DANIEL T. CLOUD (Phoenix, Arizona, U.S.A.). ‘The Surgical Treatment of Oesophageal Achalasia in Children.’ 10 cases of oesophageal achalasia in children treated surgically were presented. 4 were Indians and members of the same family. The principal symptoms were dysphagia, regurgitation, and failure to gain weight. Diagnostic oesophagrams were obtained.

In 3 patients a Heineke-Mikulicz type of oesophagealplasty was performed. In 7, the Heller operation was performed. One patient died of brain abscess after operation. The remaining 9 patients recovered un-
eventfully. A minimum follow-up of two years was obtained.

A plan of management of oesophageal achalasia was proposed and controversial problems were discussed. Heller's procedure is the best operation and gave no trouble with post-operative reflux.

J. Eugene Lewis (St. Louis, U.S.A.). 'Incomplete Duodenal Rotation.' The embryology of incomplete duodenal rotation was reviewed and cases of partial duodenal obstruction caused by incomplete rotation and fixation were reported. The entity could occur even with complete rotation of the colon and consequently could easily be missed unless it was suspected and careful x-ray studies were made. Cine-fluorograms were particularly helpful.

Clifford D. Benson and James R. Lloyd (Michigan, U.S.A.). 'Metabolic and Surgical Aspects of Massive Small Bowel Resection in the Newborn.' The metabolic and surgical aspects of various lesions of the small intestine in 8 newborns, requiring from 50 to 80% resection for their survival, were reported. Studies have been made on the carbohydrate, protein, and fat absorption in these infants during the past five years. Cineradiographic studies have been carried out on the remaining small intestine to determine the transit time in these patients at various stages since operation. This series of patients has been followed for various periods up to five years since operation was performed, and the effect of massive resection of the small bowel in these infants has been further evaluated from the standpoint of whether growth and development has been affected.

Keijiro Suruga (Tokyo, Japan). 'Some Problems on Congenital Intestinal Atresia.' Histopathological studies on cases of congenital intestinal atresia were reported. Abnormalities in the proximal and distal loops and in the mesentery were described together with their application to operative procedures. The use of an appendicostomy through which to pass a tube across the anastomosis for drainage of the dilated proximal loop, and the combination of end-to-end and side-to-side anastomosis were described.

C. Everett Koop, James P. Hamilton, Lester Baker, and Robert Kaye (Philadelphia, U.S.A.). 'Subtotal Pancreatectomy in Idiopathic Persistent Hypoglycaemia.' Mental retardation is inevitable in infants with idiopathic persistent hypoglycaemia unless blood sugars can be maintained in the normal range. In spite of steroids, mental retardation in this group still varies from 50 to 75%. The previously held concept of spontaneous recovery with increase in age may be awaited at the price of progressive irreversible mental retardation.

Experience with 48 cases of subtotal pancreatectomy for idiopathic hypoglycaemia in children was presented with a long-term follow-up. Experience shows that subtotal pancreatectomy is a safe and effective operation for idiopathic hypoglycaemia and should be carried out if steroids are not effective in raising blood sugar levels to normal values.

H. H. Nixon (London, England). 'Colostomy.' Following a previous report from Great Ormond Street Hospital reporting the complications of a series of 129 colostomies, a skin bridge colostomy technique was used, which was free of these complications. Siting and timing of the operation were discussed.

B. C. Morson (London, England). 'Juvenile Polyposis of the Colon.' The histopathology, clinical features, and family histories of 11 patients with juvenile polyposis of the large intestine were described. Juvenile polyposis coli is clinically and pathologically distinct from adenomatous polyposis coli. It usually presents in children with rectal bleeding and prolapse of polyps. Associated congenital abnormalities were found in 4 of the 11 patients.

Juvenile polyposis should be classified among the hamartomatous syndromes. There is no evidence, as yet, that it is a pre-cancerous condition.

T. Ehrenpreis (Stockholm, Sweden). 'Results of Duhamel's operation for Hirschsprung's Disease.' A follow-up of 30 patients with Hirschsprung's disease treated by Duhamel's operation from 1959 to 1963 was reported: 1 patient died following operation for intestinal obstruction; the remaining 29 patients were alive at the end of this study and in excellent general health. Of these, 14 were relieved of all symptoms and signs of disease. The remaining 15 patients still had minor disturbances of bowel and/or bladder function. Duhamel's procedure had proved to be an easy and safe operation with limited serious complications. Although these results appeared promising, final judgement should be reserved until long-term follow-up studies are available.

S. P. Rawson (Glasgow, Scotland). 'Radiology in the Diagnosis of Intussusception.' In a review of 384 cases, 338 with intussusception, plain radiography was claimed to be more accurate than clinical evaluation, even with the knowledge and skill of experienced paediatric surgeons, both in the diagnosis of the disease and its exclusion in cases presenting with abdominal pain and vomiting.

N. Thorne Griscom (Boston, U.S.A.). 'Total Body Opacification.' Dr. Griscom has shown that since contrast material mixes with the blood, e.g. following injection for intravenous urography, the entire circulation becomes slightly opaque. The increase in opacity of an organ at that time is proportional to the amount of blood supplied to it. An avascular lesion can sometimes be radiologically portrayed as an area of lucency contrasting with the newly opacified structures around it. This effect can be useful in the demonstration and delineation of cysts, abscesses, cystic tumours, and haematomas, infarctions, and ascites.

G. C. Fraser (London, England). 'Surgically Treated Portal Hypertension in Children.' In a review
of 22 patients surgically treated at Great Ormond Street Hospital for portal hypertension, difficulty was found in assessing subsequent progress. The xylose absorption test was suggested as an indirect means of assessing the patency of a surgical shunt.


J. A. HALLER (Baltimore, U.S.A.). 'Effect of Newborn Splenectomy on Growth and Immunity in Mice.' In a series of controlled experiments splenectomizing neonatal isogenic mice, neonatal splenectomy had no detectable effect on the growth of the mice or on their ability to reject skin homografts.

M. M. RAVITCH (Baltimore, U.S.A.). 'Unusual Deformities of the Chest Wall.' The treatment of uncommon deformities of the chest wall was discussed.

L. VAN STOLK (Rotterdam, Holland). 'Modern Methods in the Making of a Medical Film.'

M. M. WOOLLEY (Los Angeles, U.S.A.). 'Teratomas in Childhood.' A series of teratomas in various situations was reported: 21% of sacro-coccygeal teratomas were malignant.

T. S. MORSE, JOHN P. SMITH, M. I. ROWE, and W. H. R. HOWARD (Ohio, U.S.A.). 'Kidney Injuries in Children.' The management of children with renal injuries was discussed. A plea for conservation of the injured kidney, and for early and thorough diagnostic studies which permit early and conservative surgery, was made; the use of a high-dose high-flow technique for nephograms was described.

T. C. CHISHOLM (Minneapolis, U.S.A.). 'Extrophy of the Urinary Bladder.' The evolution of the technique of the Minneapolis two-stage repair of extrophy of the urinary bladder was presented. The anatomical and the physiological results were reviewed, both failures and successes.

J. C. MUSTARDE (Ayr, Scotland). 'Neonatal Repair of the Spinal Canal in Severe Spina Bifida.' A technique was described whereby an osteomuscular spinal canal is constructed at the primary operation within the first few hours after birth in cases of severe myelomeningocele. The technique simplifies the problem of primary skin closure and makes it unnecessary to attempt coverage of the spinal structures by skin flaps, and also gives long-term advantages of protection for the spinal cord.

The following seminars were held:

'Results of Operations of Ureteric Reflux.' 'Chemotherapy for Malignant Tumours in Childhood.' 'Pseudo-Hirschspring's Disease.' 'Surgical Diseases of the Lymphatics in Childhood.'

Two papers from the first seminar are reported in full in this issue. The other three seminars appear in condensed form.

In addition, a Symposium on 'Some Contributions of Chromosomes Studies to Paediatrics' was presented by D. G. Harden, P. A. Jacobs, and W. M. Court Brown.