The Annual Meeting of the British Paediatric Association was held in Scarborough from April 20-23, 1966.

The following members of the Association were present:

**Honorary Members:** Frances Braid, I. A. B. Cathie, V. Mary Crosse, Wilfrid Gaisford, Charles F. Harris, P. Henderson, R. A. McCance, Sir Alan Moncrieff, B. E. Schlesinger, Sir Wilfrid Sheldon, Cicely D. Williams.


The following were present as guests of the Association:

Dr. J. H. F. Brotherston, Dr. O. K. Harlem, Professor Josef Houstek, and Dr. L. Stanley James. The Donald Paterson Essay prize winner, Dr. E. M. R. Critchley, and the two Heinz Fellows for 1966, Dr. W. M. U. Bwibo (Kenya) and Dr. N. O. Moffat (Zambia), were also present.

The following attended the meeting as guests of members of the Association:


The Annual General Meeting was held on Thursday, April 21, 1966. Professor Wilfrid Gaisford, Immediate Past President, took the chair in the absence of the President, Professor Emeritus R. W. B. Ellis.

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: Professor A. G. Watkins.
President-Elect: Professor R. E. Steen.
Honorary Treasurer: Professor J. D. Hay.
Honorary Secretary: Dr. T. E. Oppé.

MEMBERS OF COUNCIL, 1966-69: Dr. I. M. Anderson, Professor I. J. Carré, Dr. A. Holzel, Dr. J. H. Moseley.
HONORARY MEMBERS: Professor Emeritus R. W. B. Ellis, Professor B. Landman.

ORDINARY MEMBERS: Dr. L. J. H. Arthur (Derby), Dr. Margaret H. Buston (Rochdale), Dr. R. L. J. Derham (Liverpool), Dr. Aileen B. Donnaison (Windsor), Dr. D. E. Donovan (Dublin), Dr. F. M. Elderkin (Carlisle), Dr. B. Epstein (Manchester), Dr. N. S. Gordon (Manchester), Dr. J. A. Inall (Glasgow), Dr. Susan Isaacs (London), I. Kessel (West Herts.), Dr. G. M. Lewis (Portsmouth), Dr. W. R. McAlinish (Glasgow), Dr. W. M. McCrae (Edinburgh), T. McKendrick (Liverpool), Dr. T. N. Nauth-Misir (Romford and Brentwood), Dr. Eileen O'Neill (Barnsley), Dr. P. Pinkerton (Liverpool), Dr. R. Prosser (Cardiff), Dr. H. A. J. Reay (R.A.M.C.), Dr. Patricia A. Russell (London), Dr. J. W. Scopes (London), Dr. J. Syme (Edinburgh), Dr. D. Q. Trounce (Harlow), Dr. S. M. Tucker (London), Dr. M. A. Warley (London), Dr. R. H. R. White (Birmingham), Dr. J. Wilson (London).

The Honorary Treasurer's report and statement of accounts for 1965-66 were received and approved and the auditors reappointed for the following year.

The report of the Council was received and approved and is printed below.


1. OBITUARIES. The Association has suffered the loss of Helen Mackay, an Honorary Member, and M. J. R. Dawkins, H. G. Farquhar, I. H. Goss, and J. J. Tillie, Ordinary Members.

2. DISTINCTIONS. The Council has noted with pleasure the award of the order of Commander of the British Empire to Dr. C. E. Newman and Dr. J. A. Fraser Roberts.

3. COUNCIL MEMBERSHIP. The following members of the Association have served on Council during 1965-66: Professor Emeritus R. W. B. Ellis, Dr. G. C. Arneil, Dr. P. T. Bray, Dr. J. A. Davis, Dr. A. A. H. Gailey, Professor Wilfrid Gaisford, Dr. R. R. Gordon, Dr. E. W. Hart, Professor J. D. Hay, Dr. W. Henderson, Dr. J. B. Heycock, Dr. B. M. Laurence, Dr. T. P. Mann, Professor R. G. Mitchell, Dr. T. E. Oppé, Sir Wilfrid Sheldon, Dr. R. W. Smithells, Professor A. G. Watkins, Professor O. H. Wolff, and Dr. B. S. B. Wood.

OBSERVERS. The Association has been greatly indebted to Dr. Roma Chamberlain, Ministry of Health, and Dr. T. K. Whitmore, Department of Education and Science, for their assistance to Council.


5. MATTERS CONCERNING INTERNAL ADMINISTRATION OF THE ASSOCIATION.

Resignations. Dr. R. F. Barbour and Dr. C. E. Newman.

Heinz Fellows of the British Paediatric Association. 'B' Fellowships were awarded to Dr. N. O. Bwibo (Kenya) and Dr. W. M. U. Moffat (Zambia). No 'A' Fellowships were awarded and no applications were received for 'C' Fellowships.

Donald Paterson Prize Essay. Dr. E. M. R. Critchley was awarded the Donald Paterson Prize Essay for his essay entitled 'Social Development of Deaf Children'.

Rules of the Association. Council has considered the titles and functions of the Officers of the Association and the Constitution of the Academic Board. Certain alterations to the Rules of the Association which are proposed by Council will be submitted for the approval of Members at the Annual General Meeting.

NEWSLETTER. Council has initiated a news letter which has been circulated to members when appropriate shortly after each Council Meeting.

Working Party on the Academic Body. The Working Party has held several meetings and formulated specific proposals for the formation of an Academic Board. These proposals have been accepted by Council and have been added to the suggested changes in the Rules of the Association which will be included in the agenda of the Annual General Meeting.

Honorary Assistant to the Honorary Secretary. Dr. J. A. Davis has been appointed by Council as an Honorary Assistant to the Honorary Secretary.

Change of Address of the Association. Through the kindness of the late Lord Astor, the office of the Association has moved to the new building of the Institute of Child Health, 30 Guilford Street, London W.C.1.

Grant from The Children's Research Fund. The Association has received a grant from The Children's Research Fund of £1,500 per annum for three years. This grant is specified for the work of the Academic Board and the employment of a full-time secretary. Council has acknowledged with great appreciation this valuable contribution to the Association's funds.

Full-time Secretary. Miss Anne Funston has accepted the appointment of full-time secretary to the British Paediatric Association from April 1, 1966.

Historian of the Association. Professor A. V. Neale has undertaken the duties of Honorary Historian and has been actively engaged upon the necessary research and documentation. It is hoped to publish a book bringing the history of the Association up to date.

6. MATTERS CONCERNING THE MINISTRY OF HEALTH. Bounty Services and Gift-Pax. The Ministry of Health informed the Association that the parcels sent by these firms to mothers in response to postcards (distributed to mothers while in maternity wards) contained medications as well as toiletries and nutrients. Council noted that the distribution of postcards had been arranged through hospital secretaries and midwifery staff, often without the knowledge of the medical staff. Council did not feel that formal representations should be made but that paediatricians should be fully informed of the scheme. It is now understood that the firms.
should assist with myelomeningocele. Paediatric and special his area, Hospital the proposed standards, but there was no firm correspondence with satisfactory for booklet involved twins. assigned member protesting about the part in paediatricians'. indicating considered.

Standardization of Hospital Records. Council noted that the report of the Sub-committee on Standardization of Hospital Medical Records showed that the proposed standard medical records and report forms would not be satisfactory for obstetric and paediatric use. Correspondence with the Ministry of Health had produced some assurance that no finality had been reached on the proposed standards, but there was no firm undertaking that the special requirements of children's records would be considered.

Special Care Baby Units. Following a letter from a member protesting about the inadequate accommodation assigned for Special Care Babies in the hospital plans for his area, Council suggested that a revision of the schedules of accommodation and building notes regarding special care babies was necessary.

Twins with Myelomeningocele. The Chief Medical Officer of the Ministry of Health informed the British Paediatric Association of a proposed research into twins with myelomeningocele. Council suggested that members should assist this research which involves mainly the collection and analysis of cord blood specimens from involved twins.

7. STANDING COMMITTEES OF THE ASSOCIATION.

Mental Health. Interim reports have been received indicating the major areas of this Committee's discussions. A memorandum is in preparation regarding the paediatricians' part in the prevention of mental subnormality and ill health. The first part, dealing with prevention of subnormality, is practically complete.

Nursing. No reports, but the Committee is considering the necessity for the compulsory inclusion of training in the nursing of Special Care Babies in the syllabus for the Sick Children's Register.

Standing Joint Committee with the Royal College of Obstetricians and Gynaecologists. The meetings held in order to discuss paediatric responsibility for and staffing of units caring for newborn infants have not resulted in the production of specific statements which could be applied to all areas and the variable organization of facilities for the care of healthy and sick newborn infants.

Accidents in Childhood. The memorandum on 'The Battered Baby' was received and approved. Its wide circulation has been assured by publication in the British Medical Journal (Brit. med. J. (1966) I, 601). The Committee is assisting an investigation sponsored by the N.S.P.C.C. into aspects of the 'Battered Baby' syndrome.

Paediatric Nomenclature. The Committee has continued its work of reviewing and revising the International Classification of Disease and the Cardiff Classification of Paediatric Conditions.

Heinz Fellowship Committee. As reported elsewhere in this document, two Heinz Fellowships for 1966 have been awarded. Steps have been taken to make these Fellowships more widely known in order to attract the most suitable applicants. Reports from Fellows testify to the value of these awards to their holders.

Hospitals Committee. The Hospitals Committee has reported on convalescence in answer to an inquiry from the King Edward's Hospital Fund for London, and has also recommended that a paediatrician be asked to associate with the Hospitals Centre over the collection and filing of information on hospital planning and equipment. Dr. H. Jolly has agreed to do this.

Education Committee. In view of the proposed formation of the Academic Board, the Education Committee has not undertaken new work. Members of the Education Committee gave great assistance in the preparation of evidence to the Special Committee on Medical Education of the General Medical Council, and have helped the Working Party which has considered the Academic Board.

Overseas Committee. The Overseas Committee has been encouraged to continue its inquiries into the present arrangements for the paediatric education of doctors from overseas in the United Kingdom, and the organization of help in the developing countries by British paediatricians. It is not expected that its survey of the present position will be completed this year and the Committee will not be in a position to make recommendations until this has been done.

Donald Paterson Prize Essay. As noted elsewhere, the Committee nominated Dr. Critchley as 1965 Essay prizewinner.

Standing Committee for Scotland. The Committee has been active in discussing matters of paediatric importance and interest in Scotland with the Scottish Department of Home and Health and other official Scottish bodies.

8. AD-HOC COMMITTEES.

Special Sub-committee on Medical Education. A memorandum prepared by this Sub-committee was submitted in May 1965 as written evidence to the Special Committee on Medical Education of the General Medical Council.

Ad hoc Committee on Child Welfare Services. This Sub-committee was established to prepare evidence for submission to the Minister of Health's Standing Medical Advisory Committee's Sub-committee on the medical factors and medical staffing of child welfare centres (Sheldon Committee). The memorandum prepared by the ad hoc committee was sent to the Sheldon Committee on July 14, 1965. The ad hoc committee was greatly helped by the many members who sent in letters about the issues under discussion.

Working Party on the Academic Board. The
Working Party has submitted to Council proposals suggesting the establishment of the Academic Board of the British Paediatric Association and has defined its proposed constitution and functions (see elsewhere in this document).

Cardiac Surgery for Congenital Heart Disease. An ad hoc Sub-committee has been set up to consider the most effective and economical provision of services for the surgical treatment of congenital heart disease. The following members have agreed to serve—J. D. Hay, R. E. Bonham-Carter, E. N. Coleman, M. C. Joseph, C. Parsons, D. Waterston, G. H. Watson.

9. CORRESPONDENCE WITH OTHER ASSOCIATIONS AND OFFICIAL BODIES.

British Medical Association. Correspondence has been exchanged with the British Medical Association regarding a tentative proposal of the B.M.A. that specialist associations might on occasions participate formally in the scientific sessions at the Annual Meetings of the B.M.A.

Pharmaceutical Society of Great Britain. In response to a request from the Pharmaceutical Society of Great Britain, Council gave its opinion that there was no therapeutic justification for the continued use of borax, boric acid, and boraxic acid in infancy.

British Association of Paediatric Nurses. The B.P.A. and the B.A.P.N. acted together in making representations to the Ministry of Health regarding the publication 'Surely the Most Rewarding Job in the World' referred elsewhere in this document.

King Edward's Hospital Fund for London. An inquiry was received asking for the opinion of the B.P.A. on the present needs for convalescent homes for children. As noted under Standing Committees, the Hospitals Committee considered this and a reply was sent to the King Edward's Hospital Fund.

National Society of Children's Nurseries. A donation of £5 was made to this Society to help defray the costs of an investigation into the care of children under 5.

Standing Conference of Societies Registered for Adoption. At the request of the medical advisory committee of the Standing Conference of Societies Registered for Adoption, Council has scrutinized revised forms for the use of doctors certifying the health and development of infants proposed for adoption.

10. REPRESENTATION OF THE ASSOCIATION ON OTHER BODIES.

Review Committee (Osmund Clarke Committee) on Accident Services. The Second Report of this committee on 'Accident Services of Great Britain and Ireland' has been published and Council is indebted to Miss Isabella Forshall for the successful efforts to get the special needs of children acknowledged in this report.

Joint Tuberculosis Committee. Council noted that the Joint Tuberculosis Council and the British Tuberculosis Association have amalgamated to form the Joint Tuberculosis Committee of the British Tuberculosis Association. Professor Wilfrid Gaisford is the British Paediatric Association's representative on the Joint Committee.

National Birthday Trust Fund. The British Paediatric Association is to be represented on the Steering Committee of the proposed Second Perinatal Mortality Survey.

National Association for Maternal and Child Welfare. Dr. A. White Franklin sent Council a concise, informative report of the National Conference of this Association which was much appreciated.

11. OTHER MATTERS CONSIDERED BY COUNCIL.

Guest Association for 1967. The Norwegian Paediatric Association has been invited to be the visiting Association at the Annual General Meeting in 1967.

Canadian Paediatric Society. Members of the British Paediatric Association are invited to a special meeting of the Canadian Paediatric Society to be held in September 1967 in Toronto as part of the celebrations of Canada's Centennial Year.

International Paediatric Association. Professor O. H. Wolff represented the Association at the 11th International Congress of Paediatrics held at Tokyo in November 1965. It was noted with pleasure that Professor T. Stapleton (Ordinary Member) was elected Secretary-General of the International Paediatric Association. The 12th International Congress of Paediatrics is to be held at Mexico City in 1968.

Council recommended alterations to the Rules of the Association as follows:

Rule 3 to read: 'The business of the Association shall be conducted by a Council, consisting of a President, a President-Elect, the Immediate Past President, a Treasurer, a Secretary, and twelve Ordinary Members. All these officers shall be elected at an Annual General Meeting.

An Academic Board shall be appointed by Council and shall consist of nine elected Honorary or Ordinary Members, and the President and President-Elect ex officio. Its duty shall be to keep under review and further the progress of paediatric science and learning.

Council shall have power to appoint one or more Honorary Assistant Secretaries who may be co-opted to the Council during the tenure of their appointment.

Observers from the Ministry of Health and such other bodies as Council may from time to time deem advantageous shall be invited to attend meetings of Council and Annual General Meetings.

A paid trained secretary shall be employed to assist with the secretarial work of the Association.'

Rule 4 to read: 'The President shall hold office for one year and on retirement shall remain as a member of Council for a further period of one year, and shall during that year act as President in the President’s absence. A Treasurer and Secretary shall be elected annually, but shall be eligible for re-election.

The twelve Ordinary Members of Council shall hold office for three years. Four shall retire annually and shall not be eligible for re-election until after the lapse of three years. Not more than two of the twelve Ordinary Members of the Council shall be resident in any one town, except in the case of London.'
Should other vacancies occur on the Council, Members shall be elected at the next General Meeting to complete the term of office of the retiring members.

No candidate may be proposed for election to these offices unless his or her name, duly proposed and seconded, has been submitted to the Secretary at least three months before the Annual Meeting.

The Academic Board shall elect from among its members a Chairman, and an Honorary Secretary who shall be appointed as Honorary Assistant Secretary to the Association during the tenure of his office. The nine appointed members of the Academic Board shall normally serve for three years and, with the exception of the Honorary Secretary to the Academic Board, shall not be eligible for re-election until after the lapse of three years.

Rule 5. After ‘...own sub-committee’ add:

‘The Academic Board shall submit annually in January a report to Council for inclusion in the annual report of Council to the Members of the British Paediatric Association. The Academic Board, in performing its functions, may seek from interested bodies such funds or facilities as may be needed for non-recurrent purposes, and may set up sub-committees as seem advisable.’

Rule 6 to read: ‘The Treasurer shall receive subscriptions and any other income paid to the Association, pay all bills, and present the accounts yearly to the Council and to the General Meeting.’

These alterations were approved by the meeting.

Dr. D. Gairdner, co-editor of Archives of Disease in Childhood, drew the attention of members to the fact that the Editors of the Archives would welcome correspondence commenting on articles in the journal, or on other topics.

The Chairman then declared the Annual General Meeting closed.

Scientific Sessions

Scientific Sessions were held in the Royal Hotel, Scarborough, on April 21 and 22, and the following communications were presented:

J. M. Tanner (London). ‘New Standards from Birth to Maturity for Height, Weight, Height Velocity and Weight Velocity; their Construction and Method of Use.’ To be published elsewhere.

M. Friedman introduced by Dr. L. B. Strang (London). ‘Steroid Therapy in Children.’ Withdrawal of steroids from patients who have been on these drugs for long periods may present considerable difficulty and danger because of suppression of the function of the pituitary and adrenal glands. Prolonged administration of corticotrophin may be necessary for reactivation of these endocrine glands. Reactivation of pituitary-adrenal function in patients who have been on long-term steroid therapy has been studied by measurements of plasma 11-hydroxycorticosteroid levels. In some patients withdrawal of steroids is impractical because of persisting activity of the underlying disease process. A major hazard of long-term steroid therapy in children is retardation of growth. A long-term study of these patients shows that corticotrophin does not interfere with growth to the same extent as exogenous steroids, while at the same time controlling underlying disease. There are, therefore, circumstances in which corticotrophin should be used in preference to exogenous steroids.

L. Stimmer introduced by Professor D. V. Hubble (Birmingham). ‘Growth Hormone Response to Insulin-induced Hypoglycaemia in Children of Short Stature.’ To be published elsewhere.

F. P. Hudson (Liverpool). ‘Phenylketonuria: Effects of Stopping the Low Phenylalanine Diet.’ Treatment of phenylketonuria with a low phenylalanine diet started about 10 years ago, and it is now clear that early and efficient treatment will usually prevent serious brain damage. There is, however, little information about the effect of resuming a normal diet when a child has received a period of satisfactory treatment and is making good physical and intellectual progress. The literature relating to this aspect was reviewed and details of the author’s cases were given. The outlook is encouraging, but before any safe recommendations can be made, much more information is required about patients at present on treatment.

J. Insley introduced by Dr. J. H. Edwards (Birmingham). ‘The Diagnosis of Sex.’ A series of 74 patients with ambiguous or defective genitalia was investigated. In 13, intersexuality was the result of a single gene mutation, and in 3 of a sex chromosome aberration. In 3 out of a further 10 infants, where genital deformity was only one of several congenital defects, an autosomal aberration was found. From the study of such cases it was possible to evolve a logical system of investigation. In the course of this study, several families of Reifenstein’s syndrome (sex-linked hypospadias) and two new syndromes were studied. The former was intersexuality due to XXY trisomy; in the second microcephaly, talipes, and undeveloped penis with cryptorchidism was associated with deficiency of part of the long arm of chromosome 18.

R. S. Jones (Liverpool). ‘Intensive therapy in paediatrics.’ In many severe illnesses of childhood which cause death, there is frequently a preceding period of circulatory failure. Intensive therapy in paediatrics is largely concerned with preventing or treating circulatory failure. The main factors contributing to it are hypoxia and hypercarbia (manifestations of respiratory failure); acid-base abnormalities; fluid and electrolyte disturbances, all of which may depress cardiac function. Diminished atrial filling pressure due to hypovolaemia frequently occurs. Renal failure may be secondary to circulatory failure and may also contribute to it. Hypoxic brain injury is a common, fatal, and largely avoidable, complication due to delayed or inadequate therapeutic measures.

G. M. Komrower (Manchester). ‘Prolonged Tyrosinaemia: Incorrectly Diagnosed as Tyrosinosis.’ Tyrosinaemia has been detected in a prospective community screening trial for amino-acid disturbances; 40 cases have been found in 2560 babies examined. In one instance (delivery at term, weight 7 lb. 6 oz. (3345 g.)
the tyrosinaemia persisted beyond 50 days with evidence of marked excretion of para-hydroxyphenyl pyruvic acid in the urine (700 mg./day). This was not influenced by vitamin C administration. The infant or baby was placed on a low phenylalanine-low tyrosine feed with corresponding improvement in the blood and urine findings. Milk was reintroduced at 84 days with a return of the abnormal findings within 5 days. At 176 days milk feeding did not produce any change and the baby remained well. Liver function tests (SGOT, SGPT) were abnormal at the earliest examination but subsequently returned to normal.

This baby had been incorrectly diagnosed as tyrosinosis, and it is emphasized that great care must be taken before making a definitive diagnosis in cases of inborn errors of metabolism where it is difficult to carry out the specific enzyme assay.

B. McNICHOLL (Galgay). 'Congenital Intrinsic Factor Deficiency.' Three children presented with megaloblastic anaemia between 12 and 14 months; two were sibs and were initially thought to have folate deficiency. Later investigation in all showed deficient absorption of radioactive B12 (normal with intrinsic factor), low serum B12 levels, gastric and jejunal mucosa within normal levels, and absent intrinsic factor by charcoal assay. Two had normal gastric acidity, one had achlorhydria, none had antibodies to gastric mucosa or intrinsic factor. The two sibs maintained normal peripheral blood for 18 months without B12. Growth was improved by B12 treatment. The IQ was 70 in each child.

G. DAHLENBURG introduced by Professor J. P. M. TIZARD (London). 'Arterial Oxygen Tension in Neonatal Hypoxaemia.' For several reasons, the clinical signs of hypoxaemia are less reliable in the newborn than is the case in older children and adults. A reliable guide to the necessary concentration of environmental oxygen can only be provided by measurements of arterial oxygen tension or saturation.

In this paper the practical experience of the use of arterial oxygen tension measurements in 50 premature infants both with and without respiratory distress was discussed, and the fluctuations in arterial oxygen tension that may occur despite constant ambient oxygen concentration were demonstrated.

I. C. FERGUSON introduced by Professor J. H. HUTCHISON (Glasgow). 'Plasma Insulin Levels in Newborn and in Spontaneous Hypoglycaemia.' Plasma insulin levels were measured in the newborn and in a few older children with hypoglycaemia, using the immun- assay technique (Hales and Randle, 1963). A special study was made of the dysmature, babies of diabetic mothers or those over 10 lb. (4535 g) birth weight; and of babies with symptomatic hypoglycaemia. A poor insulin response to oral glucose was found, though vomiting was often a problem. In symptomatic hypoglycaemia in the newborn and in older children, insulin levels were undetectable or in the low normal range, and there was a poor response to an oral glucose load.

M. K. STRELLING introduced by Professor J. L. HENDERSON (Dundee). 'Investigation into Folic Acid Status of Young Infants.' To be published elsewhere.

F. HARRIS introduced by Professor R. S. ILLINGWORTH (Sheffield). 'A Widening View of Changes in Vitamin D Deficiency Rickets.' Results of investigations by the author and his colleagues using Ca tracer techniques in children with nutritional rickets suggest a direct action of the vitamin on bone, as well as confirming the failure to absorb calcium from the gut. The disturbance in vitamin D lack is suggested as being at the level of the osteoid tissue and the cell membrane of the intestinal mucosa. The therapeutic action of the vitamin is, therefore, thought to be at these places.

The published reports on vitamin D deficiency rickets describe changes in renal function in the handling of amino acids and acidification of urine. Clinical and experimental work has demonstrated that vitamin D has a permissive action for parathormone action, and studies in animals using labelled vitamin D have shown uptake by a number of different tissues. Rickets is generally thought of as a disease of primary calcium malabsorption. It is suggested that vitamin D deficiency causes a widespread disorder of metabolism with the accent on the failure to calcify growing bone.

A. B. DONNISON introduced by T. E. OPPE (London). 'Disaccharidase Activity in Coeliac Disease.' 39 duodenal biopsies were performed on 24 children with coeliac disease and on 34 controls. The duodenal mucosa was examined microscopically and analysed for disaccharidase activity by the method described by Dahlquist. 10 children biopsied before treatment showed marked depression of all enzyme activity. 24 biopsies on children after variable periods on gluten-free diet showed progressive improvement in enzyme activity as their mucosa regenerated. Sucrase, iso-maltase, and maltase recovered rapidly, but lactase was last to improve. After one year on treatment, lactase showed about 50% normal activity. 5 older children treated in infancy for coeliac disease had very atrophic mucosa, with poor enzyme activity.

WINDERMERE LECTURE. The Lecture was delivered on April 21 by Dr. L. Stanley James (Columbia University, New York). 'The scientific basis for infant care in the perinatal period.'

EVENING DISCUSSION. A discussion on 'The role of the regional paediatrician—his present difficulties and future prospects' was held on the evening of Thursday, April 21. The discussion was organized by Professor A. G. WATKINS, and papers were given by Dr. D. G. VULLIAMY and Dr. P. D. MOSS. Professor Watkins summed up and an informative general discussion took place.

The Ulster Cup competition was held at Ganton Golf Club on Friday, April 22, and was won by Dr. K. R. KEAY.

The Annual Dinner was held on the evening of Friday, April 22.

REFERENCE