The Annual Meeting of the British Paediatric Association was held in Scarborough from April 23–26, 1969, at the Royal and Grand Hotels.

The following members of the Association were present: 15 Honorary Members and 220 Ordinary Members.

Dr. Mabel Mitchell, Scottish Department of Home and Health, Dr. F. Riley, Department of Health and Social Security, and Dr. T. K. Whitmore, Department of Education and Science, attended as Observers.

The following were present as guests of the Association:

Dr. Helen Taussig (Baltimore), Dr. John Ellis, Mr. David Yonge, and Dr. J. W. B. Douglas.

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


The Annual General Meeting was held at the Grand Hotel on Thursday, April 24, 1969, with the President, Dr. A. White Franklin, in the Chair.

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 J. H. Hutchison.
PRESIDENT-ELECT: Dr. R. H. Dobbs.
HONORARY TREASURER: Professor J. D. Hay.
HONORARY SECRETARY: Dr. T. E. Oppé.
HONORARY ASSISTANT SECRETARIES: Dr. W. Henderson, Dr. A. D. M. Jackson.

MEMBERS OF COUNCIL 1969–72: Dr. M. W. Artherton, Dr. R. D. G. Creery, Dr. H. V. L. Finlay, Dr. Muriel Frazer.

HONORARY MEMBERS: Dr. A. White Franklin, Professor W. S. Craig, Professor D. V. Hubble, Dr. R. E. Smith.

ORDINARY MEMBERS: Professor Charlotte M. Anderson (Birmingham), Dr. D. Barltrop (London), Dr. R. J. M. Bell (Scunthorpe), Dr. P. F. Benson (London), Dr. A. R. R. Cain (Newcastle), Dr. A. R. Chrispin (London), Dr. P. Clarke (Leeds), Dr. A. Conchie (Doncaster), Dr. Dorothy E. Egan (London), Dr. E. Ellis (Newcastle), Dr. Isabella Ferguson (Glasgow), Dr. J. R. Harper (Northampton & Kettering), Dr. C. R. Jayachandra (Oldham), Dr. R. D. Jones (Norwich), Dr. J. H. Keen (Manchester), Dr. J. A. Kuzemko (Peterborough), Dr. J. Littlewood (Leeds), Dr. E. de H. Lobo (Luton), Dr. B. G. P. Macnamara (Coventry), Dr. I. C. S. Normand (London), Dr. Alina T. Piesowicz (Carshalton), Dr. G. Russell (Aberdeen), Dr. I. B. Sartharwalla (Manchester), Professor J. F. Soothill (London), Dr. E. Templey (Dublin), Dr. Eileen N. Thompson (Cardiff), Mr. K. Till (London), Dr. P. E. Walker (Farnham), Dr. H. Watson (Dundee), Dr. J. S. Wigglesworth (London).

The Honorary Treasurer's report and statement of accounts for 1968-69 were received and approved and the auditors reappointed for the following year. The Honorary Treasurer stated that it would be necessary for the annual subscription to be increased and notice of this would be given at the next Annual General Meeting.

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


1. OBITUARIES. The Association has suffered the loss of Dr. D. Paterson—Original Member, Dr. J. M. Bligh, Sir Allen Daley, and Professor Grover F. Powers—Honorary Members, and Dr. C. Harvey and Dr. S. Yudkin—Ordinary Members.

2. COUNCIL MEMBERSHIP. The following members of the Association have served on Council during 1968-69: Dr. A. White Franklin (President), Dr. I. M. Anderson, Dr. T. E. D. Beavan, Dr. J. A. Black, Professor I. J. Carré, Dr. Christine E. Cooper, Dr. D. G. Cotton, Professor J. O. Forfar, Dr. R. M. Forrester, Professor J. D. Hay (Honorary Treasurer), Dr. W. Henderson (Hon. Assistant Secretary), Dr. A. Holzel, Professor J. H. Hutchinson (President-Elect), Dr. A. D. M. Jackson (Hon. Assistant Secretary), Dr. H. Jolly, Dr. J. N. Montgomery, Dr. J. H. Moseley, Dr. T. E. Oppé (Honorary Secretary), Professor R. E. Steen.
Observers. The Association is grateful for the assistance given to the Association by Dr. Mabel Mitchell—Scottish Department of Home and Health, Dr. Frank Riley—Department of Health and Social Security, and Dr. T. K. Whitmore—Department of Education and Science, who have attended meetings of Council and advised in many ways.

Meetings. Council met on four occasions: June 8 and November 9, 1968, February 8 and March 15, 1969.


Academic Board. The third Annual Report of the Academic Board has been received by Council and is published as an appendix.

Council nominated Professor D. Court, Dr. V. Dubowitz, and Dr. B. M. Laurance to fill the vacancies on the Academic Board resulting from the retirement of Professor J. A. Davis, Professor D. V. Hubble, and Dr. G. Neligan.

Council has proposed that the Chairman of the Academic Board should be an ex officio member of Council.

The following memoranda of the Academic Board have been received and approved for publication.

1. The Training of Paediatricians
2. The Examinations for Membership of the Royal Colleges of Physicians
3. The Organization of University Departments of Child Health
4. The Work of Consultant Paediatricians

Council is working with the Academic Board on a scheme for the establishment of regional paediatric advisers.

James Spence Medal. Council approved the nomination of Dr. G. S. Dawes for the award of a James Spence Medal in recognition of his ‘outstanding contributions to the advancement of paediatric knowledge’.

Heinz Fellowships of the British Paediatric Association. Council received an important document from Professor D. Court on ‘The First Seven Years of the Heinz Fellowships’.

Heinz Fellowships for 1969-70 have been awarded to Dr. R. L. S. Baird (Guyana)—Fellowship ‘A’, and Dr. V. Pushpa (India)—Fellowship ‘B’.

Council received with great regret the resignation of Professor D. Court from the Heinz Fellowship Committee and wished to record its appreciation of Professor Court’s devoted service to the Association on this Committee. Dr. Hugh Jolly has been nominated to replace Professor Court.

Meetings of the Association. The 39th Annual Meeting of the Association was held at Dublin in April 1968.

A Joint Meeting was held at Cheltenham in October 1968 in conjunction with the British Medical Association. The proceedings of the meeting and summaries of the papers delivered have been reported in Brit. med. J. (1968) 2, 311-321. The President, Dr. A. White Franklin, and 62 members attended.

Meetings are planned with the Hellenic Paediatric Society (in Athens), the Norwegian Paediatric Association (in Oslo), and with the British Diabetic Association (in London).

The 41st Annual Meeting of the Association in 1970 will be held at Scarborough and the Austrian Paediatric Society has been invited to be the guest association at this meeting.

Finance of the Association. The Association is grateful to the Institute of Child Health for continued provision of office accommodation and committee facilities at 30 Guilford Street, and acknowledges gratefully the receipt of a second grant of £1500 per annum for three years from The Children’s Research Fund for furtherance of the work of the Academic Board. Council is concerned that the work of the Association is too dependent upon these benefactions.

Council has authorized the publication of ‘The Diagnostic Index of Paediatric Diseases’ prepared by the Nomenclature Committee, and the second volume of the ‘History of the British Paediatric Association’ by Professor A. V. Neale. It is hoped that the costs of these publications will be recovered from sales.

4. Standing Committees of the Association

Accidents in Childhood: No business to report.

Hospitals Committee: This Committee has been concerned with the provisions for children in long-stay hospitals and in infectious diseases hospitals but has not yet made recommendations.

Mental Health Committee: This Committee has prepared a memorandum on ‘The Paediatrician’s Role in the care of Severely Mentally Handicapped Children’.

Nursing Committee: The Committee has considered the problems arising in regard to (a) the recruitment of nurses and (b) the training of nurses for the Sick Children’s Register. It has also explored, in consultation with the Association of British Paediatric Nurses, the nursing staff requirements in children’s wards both ‘optimal’ and ‘minimal’, and has prepared a memorandum on this subject.

The report ‘Courses for Special Care Baby Unit Nursing’ has been discussed at a meeting attended by representatives of the Royal College of Obstetricians and Gynaecologists, the General Nursing Council, the Central Midwives Board, the Royal College of Nursing, the Royal College of Midwives and the Association of British Paediatric Nurses. An ad hoc Working Party has been set up by these organizations to investigate and make proposals. The Association’s representatives on this Working Party are Professor J. H. Hutchison and Dr. A. C. Kirby.

Overseas Committee: The Report of the Overseas Committee on facilities in the United Kingdom for the training in Paediatrics of doctors from overseas has been widely circulated, and appreciated. With the aid of a generous grant from Glaxo Laboratories Ltd., a booklet has been produced to assist overseas doctors wishing to come to the U.K. for paediatric training. Dr. G. H. Newns has resigned from this
Committee and Council wished to record its appreciation for his long and valuable service.

Nomenclature Committee: It is hoped that the Diagnostic Index will be published shortly and that it will prove most useful both in clinical work and in research.

Standing Joint Committee with the Royal College of Obstetricians and Gynaecologists: Discussions have taken place with the object of creating an effective mechanism for the consideration of matters of mutual concern. As a result, this Standing Joint Committee has been dissolved and the Royal College of Obstetricians and Gynaecologists have established a Standing Subcommittee which will contain two representatives from the British Paediatric Association. The Association's representatives are Professor J. H. Hutchison and Dr. F. J. W. Miller.

Standing Joint Committee for Scotland: This Committee has kept under review several matters pertaining to Scotland and its reports will be circulated to members of the Association working in Scotland.

Standing Joint Committee with the Society of Medical Officers of Health: This Committee has been studying 'at risk' registers and has made recommendations.

5. AD HOC COMMITTEES

(a) Renal Failure in Childhood (Dr. J. A. Black). This subcommittee has now reported and its memorandum on 'Chronic renal failure and renal transplantation in childhood' has been received and circulated to appropriate individuals or organizations. Council is grateful to Dr. J. A. Black, Professor G. C. Arneil, Dr. D. G. Cottom, and Dr. R. H. R. White for their work in preparing this valuable document.

(b) Handicapped Children (Dr. R. M. Forrester). An ad hoc Working Party (Dr. P. R. Evans, Dr. R. M. Forrester, Dr. K. Holt, and Dr. R. J. Pugh) was set up to prepare evidence for (i) the Department of Health and Social Security on 'Assessment Centres for Handicapped Children' and (ii) the National Bureau for Co-operation in Child Care on the 'Needs of Handicapped Children'. The memoranda of evidence have been received and are available.

The Working Party has considered the Education of the Visually Handicapped.

(c) Arising from a suggestion made at the A.S.M.E. conference on paediatric education, a joint working party has been set up with the Royal College of General Practitioners. The Association's representatives are Dr. A. W. Franklin and Dr. W. Henderson.

6. The Council appreciates the work of members who have generously given their time to serve on the Association's Committees and Subcommittees. It is grateful to all those who have helped the Association by giving information and drawing attention to matters worthy of consideration.

7. MATTERS CONCERNING GOVERNMENT DEPARTMENTS.

(a) Department of Health and Social Security. The Association gave invited comments on Assessment Centres for Handicapped Children, and has corresponded with the Department on the functions of consultants, and the training of paediatric neurologists.

(b) Department of Education and Science. The Association has considered the 'Education of the Visually Handicapped' and 'The Training of Educational Psychologists'.

8. MATTERS CONCERNING OTHER ASSOCIATIONS AND OFFICIAL BODIES.

(a) General Medical Council. The Association has discussed with the General Medical Council the proposals to establish Specialty Boards which will maintain a register of those who have satisfactorily completed vocational training.

(b) Royal College of Physicians of London. At the invitation of the Royal College of Physicians, the Association has appointed three representatives (Dr. A. W. Franklin, Dr. A. D. M. Jackson, and Dr. T. E. Oppé) to serve on the Paediatric Committee of the College. Discussions have taken place regarding the training of paediatricians and the M.R.C.P. examination.

(c) International Paediatric Association. Dr. G. H. Newns represented the Association at the XII International Paediatric Congress at Mexico City. The Association has received copies of the I.P.A. Bulletin on the Workshop on Paediatric Education.

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

Rule 2. Line 3. Insert after 'shall be': 'residents in the United Kingdom or in Ireland and be . . .'.

Line 7. Delete: 'but election of these will be on a restricted basis and maintain a balance between the specialties.'

Rule 3. Line 4. Insert after 'Secretary': 'the Chairman of the Academic Board (ex officio).'

These changes were approved by the meeting.

A discussion took place regarding some aspects of the reports to Council, after which the President declared the Annual General Meeting closed.

Scientific Sessions

Scientific Sessions were held in the Grand Hotel, Scarborough, on Thursday and Friday, April 24 and 25, and the following communications were presented.

MILDRED CREAK (London). 'Early Development as Seen in a Group of Psychotic Children.' A group of grossly disturbed children, all showing characteristic features of early autism, are considered from the standpoint of prenatal, perinatal, and early postnatal events. Material is gathered from records extending over a number of years; they were not, unfortunately, devised for research purposes. Nevertheless, they furnish information concerning sex incidence, birth order, incidental mishaps liable to affect early development, and they are recorded and summarized with the idea of clarifying, and thence summarizing, characteristic patterns of early development. It still remains a debatable point as to whether there is such a pattern in this increasingly well-known clinical group.
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T. T. S. Ingram (Edinburgh). 'A Test of Articulatory Development.' In 1961 the Medical Research Council agreed to support a research programme designed to compare the subsequent school progress of healthy intelligent children who were slow to speak and a group of children of similar intelligence and social class whose speech development was normal.

It soon became apparent that the currently available tests of linguistic and articulatory development were inadequate measures of speech development. It became necessary to devise a test of articulatory development which would be sound from the phonetician's point of view and yet be relatively easy to give by speech therapists whose knowledge of phonetics is often limited. Since vowels vary from district to district much more than consonants, the test was designed to test only the articulations of consonants in different positions.

The test is in the form of a naming game in which the child is asked to name pictures of objects presented to him. In its final form the test requires him to identify and name 41 pictures. From his one-word responses (which are tape-recorded) 68 items of articulation of initial, intermediate and final consonants can be evaluated. The test has been standardized using a representative group of 510 Edinburgh children aged between 3 and 5½ years. It gives a valid measurement of 'articulatory age' in much the same way as an intelligence test gives a measure of 'mental age'.

Margaret B. Mearns introduced by Dr. Winifred F. Young (London). 'Prevention and Treatment of Pulmonary Complications in Cystic Fibrosis: A Study of 76 Children presenting before 1 year of age.' To be published elsewhere.

Gillian Gandy introduced by Dr. Douglas Gairdner (Cambridge). 'Pulmonary Surfactant in the Perinatal Period.' Pulmonary surfactant is thought to be a lipoprotein, rich in lecithin with a high percentage of saturated fatty acids, especially palmitic. Hyaline membrane disease (HMD) is associated with a deficiency of surfactant. The material appears to be synthesized in the cuboidal (type 2) alveolar epithelial cells. These cells, when seen under the electron microscope, show characteristic osmiophilic lamellar inclusions. There is considerable evidence to link together the presence of surfactant with the inclusions or granules.

In order to study this relationship further, samples of lung were collected very soon after death from infants dying in the perinatal period. Sections 1μ in thickness were examined under the light microscope. Very good cellular definition was obtained and the osmiophilic granules were clearly visualized. There was excellent agreement between the presence of surfactant, as assayed by physical means, and the presence of granules. These were numerous in the lungs of infants dying from causes other than HMD, even in very immature ones of 24 weeks' gestation. The absence of granules was usually associated with HMD; however, the lungs of infants surviving more than 30 hours showed some granules in circumscribed areas and occasionally these were numerous; this is interpreted as the start of repair.

B. N. Danesh introduced by Dr. Colin H. M. Walker (Dundee). 'Electrolyte Control in a Combined Artificial Membrane Lung-Kidney for Use in Treatment of Respiratory Distress.' Before the use of a combined artificial membrane lung and kidney for the partial perfusion of infants with respiratory distress, the parameters influencing the electrolyte balance in the extracorporeal blood required study by means of equilibrium dialysis.

It was found that correction of an acidosis resulted in a significant rise in total plasma calcium indicating an increase in the protein-bound fraction. The opposite occurred on deliberate reduction of the pH below normal. Similar but less dramatic changes were found in the case of magnesium. These findings are relevant to the hypercalcaemia and hypermagnesaemia observed after haemodialysis in some patients with chronic renal disease, and to subsequent precipitation of calcium in the soft tissues which has been reported.

To predict the post-perfusion level of the plasma electrolytes at the normal pH from their dialysate concentrations, the equilibrium ratio between the plasma and the dialysate fluid for each individual electrolyte was determined.

The post-perfusion disturbance of the plasma electrolytes, and in particular calcium and magnesium in the newborn, can be avoided by using dialysate concentrations according to the equilibrium ratio of each individual electrolyte. In addition the dialysate pH should be adjusted and maintained below 7-4 if the excessive protein binding of calcium and magnesium is to be prevented.

T. M. Adamson introduced by Professor L. B. Strang (London). 'Hypoxaemia during Recovery from Hyaline Membrane Disease.' To be published elsewhere.

C. Picton-Warlow introduced by Dr. R. J. Robinson (London). 'Respiratory Therapy in the Newborn: Some Mechanical Considerations': (under consideration for Archives of Disease in Childhood).


Eileen N. Thompson (Cardiff) and J. F. Soothill (London) introduced by Dr. P. R. Evans (London). 'Chronic Granulomatous Disease.' A clinical and laboratory study of 10 boys and their relatives is described, the diagnosis confirmed by the failure of phagocytosing leucocytes to reduce nitro-blue tetrazolium (NBT). Though the clinical features were typical of this syndrome a wide spectrum of expression was noted which was apparently related to the NBT test. Raised serum immunoglobulins were found in 9 of the 10 patients.
In 3 mothers and 1 sister photosensitive skin rashes (3) and a prolonged episode of polyarthritis (1) were noted; all of them had raised serum immunoglobulin levels. In 6 mothers the NBT test was abnormal with intermediate values. The fathers were asymptomatic apart from 1 who had died previously from leukaemia. In 1 father the NBT test was abnormal and raised serum immunoglobulin levels were found.

An X-linked form of inheritance seemed likely in 6 of the 8 families studied.

Treatment proved disappointing though antibiotics had a limited effect. As the basic problem is thought to be intracellular survival of organisms in polymorphonuclear leucocytes due to protection from humoral immunity mechanisms and antibiotics, we wondered if a period of neutropenia might be valuable in order to make the organisms more accessible to other bacterial mechanisms. Two children were treated with busulphan which proved effective in 1, and in the other, who was critically ill at the time treatment was started, the results are inconclusive.

BRIDGET O'CONNELL introduced by PROFESSOR K. W. CROSS (London). ‘Minimal Thermal Stress for the Newborn.’ For both developmental and geometrical reasons there are considerable problems with the newborn infant in achieving a neutral thermal environment—one which is ‘neither too hot nor too cold but just right’. More precisely this environment provides any set of conditions which allows body temperature to remain normal while oxygen consumption and heat production are minimal and effectively matched by heat loss.

The dangers of overheating are theoretically greatest in the premature infant some 10 weeks before term. This infant cannot dissipate heat by sweating and even when thermal sweating begins to develop at around 220 days of gestation age (Hey and Katz, 1969b), it is quantitatively limited and cannot be effective in high humidities.

British Standards for incubators (British Standards Institute, 1965) provide a maximum environmental temperature which is below the neutral temperature for the smaller naked premature infant unless extra radiant protection is provided (Hey and Mount, 1967). Without this radiant shield their metabolism is continuously stimulated. Hey and Katz (1969a) are publishing observations on three such babies who became seriously ill and poikilothermic probably because their energy reserve had been dissipated in a relatively cool environment.

The upper and lower neutral environmental temperature zones (neutrotherms) can now be defined for small and large infants. There is very little overlap of these ‘neutrotherms’ in naked babies at the extremes of gestational age, chronological age, and size. Further, the ‘neutrotherms’ are outside British Standards specifications for the smallest infants if the incubator is housed in a cool room.

The problem is greatly simplified if the baby can be lightly clothed and wrapped and nursed on a mattress (2 clo. units) (Hey and O’Connell, 1969). Under these conditions neutral thermal limits are enormously wider and the overlap is considerable for the variable types of baby mentioned above. It is suggested that nakedness may have been prescribed for the premature infant as uncritically as high oxygen was in the 1930’s.

REFERENCES


C. E. DENT (London). ‘Idiopathic Juvenile Osteoporosis.’ Since our original description of 5 cases of this rare disorder in 1965, we have studied 6 further cases and seen several more elsewhere. The disease is quite distinct from osteogenesis imperfecta. It comprises an acute osteoporosis with pathological fractures of spine and long bones of no obvious cause. It is of varying severity and affects both boys and girls in the age range 8 to 14 years who have all been prepubertal. After 1 to 5 years the disease process abates and almost complete recovery is the rule. No hormonal abnormality has been uncovered and the only constant metabolic abnormality is gross malabsorption of calcium from the diet. Some adults who present with idiopathic osteoporosis in the 20 to 40 years age-group appear to have suffered previously from a symptom-free mild attack of idiopathic juvenile osteoporosis. It is believed that this rare disorder may provide a valuable key to the unravelling of the problem of osteoporosis in older patients, perhaps even in those who are aged.

The author is anxious to trace adults whom paediatricians may suspect to have had this condition in childhood.


J. T. HARRIES introduced by PROFESSOR O. H. WOLFF (London). ‘Congenital Chloridorrhoea.’ Congenital chloridorrhoea (congenital alkalosis with diarrhoea) is characterized by diarrhoea starting at or soon after birth, episodes of severe dehydration, metabolic alkalosis, and failure to thrive. The faecal chloride concentration is very high and exceeds the sum of the sodium and potassium concentrations. To date about 20 cases have been described. A further example of this rare condition is presented together with the investigations undertaken in an attempt to define the underlying abnormality.

A boy born prematurely after a pregnancy complicated by hydramnios had watery diarrhoea from the third day of life. Episodes of dehydration with metabolic alkalosis, hypokalaemia, and hypochloremia occurred during the first year, and growth was poor. Thereafter growth improved but diarrhoea persisted.

At 2½ years the diagnosis of congenital chloridorrhoea was established. It was postulated (Dr. O. M. Wrong)
that a defect of alimentary tract bicarbonate secretion coupled with a defect of chloride absorption might be the underlying abnormality; balance studies performed on 3 consecutive days on a normal diet showed a mean daily faecal chloride excretion of 73 mEq, and this was greater than the sum of the sodium and potassium excretions (64 mEq). Urinary chloride excretion was negligible. The stools were all very acid and contained only very small amounts of bicarbonate whereas the urine was moderately alkaline and contained normal amounts of bicarbonate. These findings were not reproducible in the upper alimentary tract and duodenal and salivary bicarbonate was normal. The basic defect therefore remains uncertain; it is presumed that intestinal chloride reabsorption is defective and that alkalosis is related to the hypokalaemia.

DAVID BAUM introduced by PROFESSOR J. P. M. TIZARD (London). 'The Behaviour of Retinal Vessels in the Newborn under varying levels of Arterial P<sub>O</sub>2.' To be published elsewhere.

HUGH PRICE introduced by DR. CONSTANCE FORSYTH (Dundee). '“Intal” Therapy in Severe Childhood Asthma.' To be published elsewhere.

D. N. Raine introduced by DR. MARGARET I. GRIFFITHS (Wolverhampton). 'Metachromatic Leucodystrophy: Diagnosis and Carrier Detection by Measurement of Leucocyte Arylsulphatase-A Activity.'

Metachromatic leucodystrophy is associated with an abnormal accumulation of cerebrosides sulphate and the enzyme which normally hydrolyses this lipid has been shown to be reduced in cerebral tissue in this disease. This same enzyme will hydrolyse certain synthetic sulphates of aromatic phenols, and when measured in this way it is described as an arylsulphatase. Three such arylsulphatases are known, A, B, and C, and it is the activity of the A enzyme that is deficient in metachromatic leucodystrophy.

Measurement of arylsulphatase A activity in urine is a useful adjunct to histological examination of cerebral and peripheral nerve biopsies in the diagnosis of metachromatic leucodystrophy. Examination of urinary cells for metachromatic inclusions has long been known to be misleading. So far no tests are known to differentiate heterozygotes for the disease.

Arylsulphatase A activity is present in normal leucocytes and is greatly diminished in those of patients with metachromatic leucodystrophy, and when this enzyme is differentiated from a more labile enzyme with similar activity, leucocytes from the parents are found to have activity intermediate between affected and normal subjects. Results using this technique will be presented and two families will be described which differ in a number of respects, suggesting that metachromatic leucodystrophy may be another inherited metabolic disease of multiple aetiology.

J. S. WIGGLESWORTH introduced by PROFESSOR J. P. M. TIZARD (London). 'Experimental Models of Intrauterine Growth Retardation.' To be published elsewhere.

R. A. McCANCE (Cambridge). 'The Effect of Malnutrition and Dietary Practices on the Concentrating Capacity of the Kidney.' To be published in *Clinical Science*.


A Seminar on Social Paediatrics was held on Saturday morning, April 26, in the Royal Hotel, Scarborough, with Dr. Walter Henderson as Chairman. The following speakers took part: Professor A. D. B. Clarke (Department of Psychology, University of Hull), by invitation—'Recent Research on Learning in the Severely Subnormal.' Dr. A. White Franklin (London)—'The Mongol Baby in its Family.' Dr. I. D. G. Richards (Social Paediatric Research Group, Department of Child Health, University of Glasgow, and Health and Welfare Department, Corporation of Glasgow), by invitation—'Parental Attitudes and Child Health.' Professor J. O. Forfar (Edinburgh)—'The Role of the Paediatrician in Adoption Medical Practice.'

GEORGE FREDERIC STILL MEMORIAL LECTURE. The Lecture was delivered on April 24 by Dr. J. W. B. Douglas (M.R.C. Unit for the Study of Environmental Factors in Mental and Physical Illness, London School of Economics)—'Some Happenings in Childhood and their Sequels.'

Members and guests of the Association attended a Civic Reception at the Town Hall on the evening of Thursday, April 24, by invitation of the Mayor and Corporation of Scarborough.

The Ulster Cup competition was held at Scarborough South Cliff Golf Club on Friday, April 25, and was won by Professor G. C. Arnell.

The Annual Dinner was held on the evening of Friday, April 25, with Dr. Helen Taussig as guest of honour.