

The Scottish Paediatric Society

At the Summer Meeting held at Foresterhill, Aberdeen on 5 June 1970 the titles of the clinical demonstrations were as follows:

Elastosis perforans serpiginosa, by R. A. Main (introduced), Royal Aberdeen Hospital for Sick Children.

An unusual case of hydrops fetalis, by A. Ramachandra (introduced), Royal Aberdeen Hospital for Sick Children.

Goldenhar's syndrome, by D. H. Mellor, Royal Aberdeen Hospital for Sick Children.

Paroxysmal cold haemoglobinuria, by J. D. Cormack (introduced), Royal Aberdeen Hospital for Sick Children.

Scientific Communications

Primary Endocardial Fibroelastosis; a Familial Condition. A. J. KEAY, S. HUNTER (introduced) (Paediatric Department, Western General Hospital, Edinburgh 4). A familial incidence has been reported on a number of occasions in children with endocardial fibroelastosis. The authors reported four families of whom one or more children had been seen in the Edinburgh Northern Group of Hospitals and who had suffered from primary endocardial fibroelastosis. In each family, the diagnosis had been confirmed in at least one child at necropsy which had shown the characteristic finding of endocardial fibroelastosis without any associated cardiac anomaly. In each family, at least one other child had been similarly affected, and the family histories had suggested that primary endocardial fibroelastosis in these families was inherited with an incidence higher than that expected from an autosomal recessive inheritance. None of the children had survived beyond middle childhood. No parent had been affected.

The literature on familial incidence was reviewed. It was considered important to separate primary endocardial fibroelastosis from fibroelastosis occurring in association with other cardiac anomalies. In the primary cases, there was considerable evidence to suggest an inherited condition.

The Value of Blood Phenytoin Estimations in Management of Epilepsy. K. P. DAWSON (introduced) (Paediatric Department, Stobhill General Hospital, Glasgow N.1.) Phenytoin has been invaluable in the management of epilepsy, but satisfactory control of therapy is difficult, because of a low toxic—therapeutic ratio, and because of wide variation between patients in the rate of metabolic destruction of phenytoin. Many

drugs, including several anticonvulsants, alter phenytoin metabolism to an unpredictable extent. The communication dealt with the value of blood phenytoin estimation in the control of epileptic children on an out-patient and in-patient basis. The measurement had become a routine service by the hospital biochemistry department. A striking finding was that most children had been receiving inadequate phenytoin dosage and that the optimum level could be determined by slowly increasing the dosage under blood level monitoring. In addition, it had been noted that when the patient was seen more often and blood estimations performed, the mother made greater efforts to administer the drug in the prescribed dosage. It was concluded that blood phenytoin estimation is both valuable and practicable in the control of childhood epilepsy.

Innocent Murmurs Presenting Diagnostic Difficulty. E. N. COLEMAN, W. B. DOIG (introduced) (University Department of Child Health, Royal Hospital for Sick Children, Glasgow C.4). 21% (444) of the children referred by paediatricians for the cardiological evaluation of suspected heart disease had been dismissed from hospital attendance (1959–68) with a diagnosis of *innocent murmur*. Some had required prolonged supervision (up to 8 years) because of diagnostic uncertainty. Systolic murmurs at the left sternal edge had caused the greatest difficulty. In practice the definition adopted for *innocent murmur* had included *functional* murmurs and murmurs representing minor structural defects incapable in the absence of complicating disease of producing circulatory embarrassment; the clinical signs had not often allowed a distinction to be made between these two categories. Cardiac catheterization had been required in 10%. Clinical examination had underestimated the incidence of pulmonary stenosis, exaggerating that of atrial and ventricular septal defect. During spontaneous closure of ventricular septal defects a changing murmur had often assumed an innocent character. 15% of patients had had symptoms lacking any physical cause and in 3.5% these had been persistent or new symptoms had appeared. The relation of symptoms to management was examined, including the emotional implications of long-term antibacterial prophylaxis, and a possible role for catheterization and angiocardiology in curtailing clinical supervision.

Bladder Aspiration in Diagnosis of Urinary Tract Infection. S. K. SHARMA, (introduced). (Department of Child Life and Health, University of Edinburgh). 365 consecutive children suspected to be suffering from urinary tract infection had been studied.