

ELIZABETH PRINGLE introduced by DR. MARY WILMERS (London). 'A Study of 112 Children with Coeliac Disease from 1950-69.' (To be published elsewhere.)

E. ROSSIPAL (Graz). 'Precipitins to Aqueous Extracts of Flour in Coeliac Disease.' In certain instances it may be difficult to differentiate between coeliac disease and the 'coeliac syndrome'. An essential diagnostic criterion in coeliac disease is the disappearance of symptoms on a gluten-free diet, and a relapse caused by reintroduction of gluten into the diet. Normally a long period of observation is necessary to confirm the diagnosis in this way. We have been able to develop a sensitive method of detecting precipitins to aqueous and alcoholic extracts of flour from wheat, barley, oats, and rye in the serum of patients with coeliac disease in 15 patients. The diagnosis of coeliac disease was confirmed by disappearance of the symptoms on a gluten-free diet and by a relapse after reintroduction of gluten into the diet. All of these patients had precipitating antibodies to aqueous extracts of wheat and barley; 13 also showed precipitins to extracts of oats, and 10 to extracts of rye. It was proved that the precipitating antibodies to the aqueous extracts of flour belonged to the IgG group. Sera of 60 children suffering from parenteral diarrhoea, *Esch. coli* enteritis, disaccharide intolerance, and mucoviscidosis, and pooled serum of 100 healthy adult blood donors all served as controls. In none of these controls could precipitins to aqueous extracts of the cereals be detected. The determination of these antibodies seems to be of value as a diagnostic tool in coeliac disease and could help to unravel the immunological mystery of this disease.

R. A. RISDON introduced by PROFESSOR A. E. CLAIREAUX (London). 'Renal Dysplasia—A Clinicopathological Study of 76 Cases.' (To be published.)

J. MARTIN and P. P. RICKHAM (Liverpool). 'Pulmonary Metastases in Wilms' Tumour—Treatment and Prognosis.' (*Archives of Disease in Childhood* 45, 805.)

R. HOWARTH introduced by PROFESSOR O. H. WOLFF (London). 'The Emotional State of Children with Leukaemia.' (To be published.)

J. A. DUDGEON (London). 'Prevention of Congenital Rubella Defects. The Need for Long-term Surveillance.' Several attenuated rubella vaccines have now been developed. Two have already been licensed abroad and one is likely to be licensed in Great Britain early in 1970.

At the autumn meeting of the BPA we presented data of our comparative trials with three of the attenuated vaccines, and outlined a programme for immunization against rubella in schoolgirls aged 10-14 years in the same year tuberculin testing and BCG vaccination are carried out.

The results of vaccine trials now being undertaken on approximately 1,000 schoolgirls will be presented. If

rubella vaccine is used on a sufficiently wide scale in the next few years, there should be a decline in the incidence of rubella defects. These can now be fairly readily identified in the first year of life on clinical grounds, and laboratory tests, such as virus isolation, serology, and immunoglobulin levels can provide confirmatory evidence. Defects such as perceptive deafness not recognizable at birth will in many instances be picked up at a school medical examination. A plan for long-term surveillance will be outlined in which it is hoped paediatricians, Medical Officers of Health, and School Medical Officers will co-operate.

L. HOHENAUER (Innsbruck). 'Calcium and Phosphorus Homeostasis during the First Days of Life.' (To be published.)

G. J. I. SNODGRASS introduced by DR. L. STIMMLER (London). 'Interrelation of Plasma Magnesium, Calcium, and Phosphate for 4 milk Regimens.' (To be published.)

O. THALHAMMER (Wien). 'Histidinaemia Detected by Newborn Screening using Guthrie's Method.' In 36,462 routine Guthrie tests on newborn infants, 3 cases of histidinaemia have been discovered. Initial tests on day 4, 5, and 6 were positive corresponding to 16, 6, and 6 mg./100 ml. In the same series 62 so-called false positive initial tests were in the same range. There was an excellent concordance between the results of inhibition assay and column chromatography. Histidine blood levels were constantly high in all three infants and histidase activity in stratum corneum was zero. Excretion of histidine in the urine was constantly high, but in spite of this, the ferric chloride test was positive in only two of the three infants. In loading tests urinary histidine output was 27%-47% of loading dose and formimino-glutamic-acid was absent in all samples during 24 hours after the loading. Blood levels did not return to starting values less than 24 hours after loading. Histidine-low diet brought histidine blood levels and urine excretion to normal within 1 to 2 weeks.

A Seminar on The Paediatrics of Immigration was held on Saturday morning, 25 April, in the Royal Hotel, Scarborough, with Dr. J. W. Farquhar as Chairman, and introduced by Professor T. E. Oppé. The following speakers took part: Dr. Catriona Hood (London), by invitation,—'Social and Cultural Factors in the Health of Children of Immigrants.' Dr. G. S. Prince (London), by invitation,—'Emotional Deprivation and Pseudo-autism.' Dr. M. W. Arthurton (Bradford)—'Immigrant Children and the Day-to-Day Work of a Paediatrician.' Professor C. E. Stroud (London)—'Some Important Organic Problems.'

WINDERMERE LECTURE. The Lecture was delivered on 23 April by Professor C. Henry Kempe (University of Colorado Medical Center)—'Paediatric Implications of the Battered Child Syndrome.' (To be published in *Archives in Disease in Childhood*, 1971.)

Members and guests of the Association attended a

Civic Reception at the Town Hall on the evening of 23 April, by invitation of the Mayor and Corporation of Scarborough.

The Ulster Cup competition was held at the Ganton Golf Club on 24 April, and was won by Dr. R. J. Young. The competition for the Cup presented by Dr. B. E.

Schlesinger and Professor C. E. Dent, to be called the U.C.H. Squash Cup, was held at the Scarborough Lawn Tennis and Squash Club on 24 April and was won by Professor C. E. Dent.

The Annual Dinner was held on the evening of 24 April, with Mr. Hugh Greenwood as guest of honour.

Notice

Therapeutic Trials in Wilms' Tumour (Nephroblastoma) and Neuroblastoma

The Medical Research Council Working Party on Embryonal Tumours in Childhood (Chairman Professor R. S. Illingworth) is currently planning two therapeutic trials in Wilms' tumour (nephroblastoma) and neuroblastoma.

The trial of treatment in *nephroblastoma* is designed to assess the relative efficacy of vincristine and actinomycin D as agents in the treatment of nephroblastoma following surgery and radiotherapy. There is now increasing evidence that the prognosis of nephroblastoma is improved by the use of actinomycin D for periods of two years following surgery and radiotherapy. There is also evidence that vincristine, a drug which is somewhat less toxic than actinomycin D, is efficacious in treating metastatic disease. It is therefore planned to conduct a controlled clinical trial in children over the age of 1 year with Stage I, IIA, and IIB (American classification) disease.

The trial of treatment of *neuroblastoma* is designed to investigate whether the regression that sometimes occurs in this disease is a consequence of an immune reaction developed against the tumour and if so whether this immunity can be increased by immunotherapy. There is experimental evidence that neuroblastomas contain

tumour specific antigens against which an immune reaction may be stimulated, and also that the immune system is more likely to succeed in eradicating a tumour when the number of residual malignant cells in the body is low. It is therefore important that immunotherapy should follow a period of chemotherapy, and in this trial it is proposed to treat patients with vincristine and cyclophosphamide for this purpose. The Working Party considered that the most suitable group of patients for such a trial are as follows.

(1) All patients over the age of 1 year with neuroblastoma, except those with a primary lesion confined to the cervical region.

(2) All children under the age of 1 year with metastatic disease.

Owing to the rarity of these tumours and the importance of obtaining information on the best methods of treatment with reasonable speed, it is hoped that suitable cases will be notified to the secretaries of the Working Party:—Dr. P. Morris Jones and Dr. Dorothy Pearson (at The Royal Manchester Children's Hospital, Pendlebury, Manchester. M27 1HA), from whom further information and detailed protocols may be obtained.