The Scottish Paediatric Society

At the Annual General Meeting held at the Royal Hospital for Sick Children, Glasgow on 27 November 1970, Dr. Patrick MacArthur was elected as President in succession to Professor J. L. Henderson. The titles of the clinical demonstrations were as follows:

Familial nephronophthisis, by E. M. Carr-Saunders (introduced), Royal Hospital for Sick Children, Glasgow.

IgA deficiency with milk antibodies, by Ann Ferguson (introduced) and R. C. Shepherd (introduced), Royal Hospital for Sick Children, Glasgow.

Intestinal lymphangiectasia, by F. Carswell (introduced), Royal Hospital for Sick Children, Glasgow.

Congenital sideroblastic anaemia, by Sheila J. McMorris (introduced) and M. L. N. Willoughby, Royal Hospital for Sick Children, Glasgow.

The diencephalic syndrome, by Margaret J. Blackwood (introduced) and J. A. Russell (introduced), Paediatric Department, Stobhill General Hospital, Glasgow.

Abstracts of Papers

Catch-up growth in malnutrition studied in coeliac disease after institution of gluten-free diet. D. G. D. Barr, A. Prader (introduced), D. H. Shmerling (introduced). (University Department of Child Life and Health, Royal Hospital for Sick Children, Edinburgh.)

Effect of cow's milk formulae on acid-base status during first week of life. N. A. Boyle (introduced). (Medical Paediatric Department, Western General Hospital, Edinburgh.) Investigations on the sixth day of life into the acid-base status of 90 healthy term babies had revealed the existence of a moderate degree of metabolic acidosis not clinically detectable. These babies had been fed on three different cow's milk formulae and their acid-base status was significantly different from that of a comparable group of babies who were breast fed. Estimation of pH and reducing substance content of mid-morning specimens of stools and urine obtained from the babies fed on cow's milk formulae had indicated that excessive carbohydrate loads could cause the metabolic acidosis. There was also evidence that feeds containing high protein or possibly high fat loads might produce metabolic acidosis. This disturbance of acid-base balance was neither severe nor clinically significant in the majority. It might, however, be of considerable importance if a baby were, for other reasons, at risk of becoming acidotic, e.g. in prematurity, gastroenteritis, or chronic hypoxia. These findings also supported efforts to encourage breast feeding, at least until a more suitable artificial formula for newborn babies becomes available.

Patterns of decerebration in infants and young children; defects in homeostasis and sequelae. J. K. Brown (introduced). (Royal Hospital for Sick Children, Edinburgh.) The child has a limited number of patterns of response in acute diseases of the central nervous system. One of the commoner ones is extensor hypertonus. 64 patients aged from birth to 10 years were reported. Pathogenesis and aetiology were discussed and the reliability of certain associated signs such as papilloedema and pupil changes. Defects in homeostasis had been common and contributed to death or morbidity. Respiratory abnormalities had been present in 66% of patients, cardiac abnormalities in 25%, hypothermia in 30%, and hyponatraemia or hypo-osmolality in 17%. The types of abnormality were discussed. Follow-up studies had shown that 31% died, 28% had developed normally, 25% were severely handicapped, and the rest were mildly handicapped. In 9 patients decerebration had been severe, with cardiac arrest in 2, and yet recovery had been complete.

Tape recording of voiding patterns in distal urethral stenosis. S. G. F. Wilson. (Department of Paediatrics, Royal Infirmary, Dundee.) The disorder known as distal urethral stenosis (DUS) was described in 1963 by Lyon and Smith and found in 70% of 100 girls aged between 2 and 11 years suffering from urinary symptoms. They had reported a method of recording on magnetic tape the pattern of noise made during micturition, and one of the three patterns found was thought to be characteristic of DUS. An adaptation of the method had been used by the author for recording voiding patterns in girls with urinary problems and subsequently found to have DUS. The urinary flow rates in the group with DUS did not differ from those of a group of normal girls, and the characteristic flow pattern described by Lyon and Smith could not be heard. It was concluded that the method used could not pick out suspected cases of DUS.

Reference