

## Scottish Paediatric Society

At the Jubilee Summer Meeting held in the Royal Infirmary, Stirling, on 2 June 1972, the President, Dr. Patrick MacArthur was in the Chair. The titles of the clinical demonstrations were as follows:

Ventriculoatrial shunt, bacteraemia, and nephrotic syndrome. *J. A. Inall. (Royal Infirmary, Stirling.)*

Response to human growth hormone. *J. H. J. Higgins (introduced). (Royal Infirmary, Stirling.)*

Reflex epilepsy. *J. B. P. Stephenson. (Royal Hospital for Sick Children, Glasgow.)*

Atrophy of an arm. *A. L. Speirs. (Royal Infirmary, Stirling.)*

A satisfactory response to continuous positive airways pressure. *T. H. Macdonald (introduced). (Royal Infirmary, Stirling.)*

### Abstracts of Papers

**Covert bacteriuria of childhood.** *D. C. L. Savage and M. I. Wilson (introduced). (University Department of Child Health, 11 Dudhope Terrace, Dundee DD3 6HG.)*

**Psychogenic or elective mutism.** *Margaret S. S. Small (introduced). (Department of Child and Family Psychiatry, Royal Hospital for Sick Children, Glasgow G3 8SJ.)* This condition was first clearly defined and described by Tramer, a Swiss psychiatrist, in 1934. The symptom complex, which is descriptively defined, arises from a variety of antecedent circumstances. The general opinion is that the condition is severe and the prognosis poor. The incidence is not reliably known, and is probably higher than is suggested by the number of cases referred to child guidance services. Girls seem to be at least as commonly affected as boys; this is different from the incidence in other speech disorders. Ten patients were described. All but one were seen before 8 years of age. Methods of treatment were outlined. Circumstances in which 'elective' mutism might be expected were described, with particular attention to it as a complicating factor in assessing speech disorders.

**Immediate and long-term effects of severe birth trauma.** *R. T. Purvis. (Simpson Memorial Maternity Pavilion, Royal Infirmary, Edinburgh EH3 9YW.)* Among 100 consecutive cases of severe birth

trauma seen in a special care unit during 1968 to 1970 inclusive, there had been 82 cases of neonatal compression head injury. Among these, 32 infants showed clinical evidence of severe neonatal asphyxia. Each infant had been seen in the newborn period and 81 of the 82 were followed to a mean age of 20 months. The worst outcome had been found, not in those with the most severe compression of the head, but in those in whom the circumstances surrounding the delivery had been poor and in those where there had been excessive manipulation of the head. The total number of symptoms exhibited was not related to the severity of the prognosis. The findings on neurological examination had the greatest prognostic significance. Infants with normal flexor muscle tone had a good prognosis, whereas hypotonic infants had a poor prognosis. Infants exhibiting extensor hypertonus had an intermediate prognosis tending to be worse if the hypertonus had been preceded by a temporary stage of hypotonia.

**Scotland's children are not English.** *E. M. Ross (introduced). (University Department of Child Health, Royal Hospital for Sick Children, St. Michael's Hill, Bristol BS2 8BJ.)* The author examined some of the differences and similarities in health, achievement, and problems between Scottish and English 7-year-old children. Where differences existed he showed that in the main they had their origins in subtle differences in social conditions between Scotland and England. Biological differences such as the shorter average stature of Scots children lay in the different social backgrounds of the two countries. More Scots children had been immunized in spite of a low percentage attendance at Infant Welfare Clinics. Respiratory disorders were less commonly reported than in England. There was a lower incidence of neurotic symptoms reported in Scottish children; tics, headaches, travel sickness, and temper tantrums were all of lower incidence. Scots children could speak more clearly than English. Scots babies were less likely to be breast-fed, whatever the social class. Tonsillectomy was more popular in Scotland than elsewhere. Scots children were on average 6 months ahead at reading, but were worse at arithmetic. The reasons for good reading appeared to be in both home and school.