British Paediatric Association
Proceedings of the Forty-Fourth Annual Meeting

The Annual Meeting of the British Paediatric Association was held at the University of Lancaster, from 3–7 April 1973.

Two hundred and ninety members attended.

Dr. Margaret Bell, Scottish Home and Health Department, Dr. Eileen Ring, Department of Health and Social Security, and Dr. T. K. Whitmore, Department of Education and Science, attended as Observers.

The following were guests of the Association: Professor C. A. Clarke, President, Royal College of Physicians London; Dr. Elsie Widdowson, George Frederic Still Lecturer; Dr. Leda Zannos-Mariolos, President, Hellenic Paediatric Society and 21 members of the Hellenic Paediatric Society.

Eighty-five guests of members of the Association were present.

The Heinz Fellows for 1973, Dr. G. L. Barnes (New Zealand), Dr. R. K. Chandra (India), and Dr. U. R. Warerkar (India) were present. Ten UNICEF/WHO Fellows also attended.

The Annual General Meeting of the British Paediatric Association was held on Thursday, 5 April 1973, with the President, Professor J. D. Hay, 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 S. D. M. Court.
Honorary Treasurer: Professor Charlotte M. Anderson.
Honorary Secretary: Dr. B. M. Laurance.
Honorary Assistant Secretaries: Dr. A. D. M. Jackson and Dr. S. R. Meadow.

MEMBERS OF COUNCIL. 1973–76: Dr. N. S. Clark, Dr. W. M. Fyfe, Dr. Eileen E. Hill, Dr. R. H. Jackson, Dr. C. H. Nourse, Dr. R. McI. Todd, Dr. S. M. Tucker.

Honorary Members: Professor J. D. Hay, Sir John Brotherston, Professor C. A. Clarke, Mr. Duncan Guthrie, Dr. R. C. Mac Keith, Dr. Elsie M. Widdowson.


The Honorary Treasurer’s interim statement for 1972–73 was received.

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


1. OBITUARIES

The Association has suffered the loss of Professor S. T. Achar, Dr. A. C. Hampson, Professor L. S. Penrose, Lord Rosenheim, and Professor Joseph Stokes—Honorary Members; Dr. A. C. Kirby—Ordinary Member.

2. DISTINCTIONS

Council has noted with great pleasure that Sir Wilfrid Sheldon has been made an Honorary FRCOG and a Master of Midwifery of the Society of Apothecaries.

3. COUNCIL

Membership. The following members of the Association have served on Council during 1972–73:
Professor J. D. Hay (President), Professor Charlotte M. Anderson (Honorary Treasurer), Dr. B. D. Bower, Dr. E. N. Coleman, Professor S. D. M. Court (President Elect), Dr. W. Dickson, Dr. D. M. Douglas, Professor S. Dundon, Dr. C. M. B. Field, Professor O. P. Gray, Professor J. L. Henderson (Past President), Dr. Janet Hunter, Dr. A. D. M. Jackson (Honorary Assistant Secretary), Dr. B. M. Laurance (Honorary Secretary), Dr. J. D. Pickup, Dr. J. W. Platt, Dr. B. W. Powell, Dr. A. Robinson, Professor L. B. Strang, Professor C. E. Stroud, Dr. S. D. V. Weller, Dr. D. A. J. Williamson; Professor J. A. Davis, Chairman of the Academic Board (ex officio); Mr. H. H. Nixon, President of the BAPS (ex officio). Professor T. E. Oppéd, Adviser in Child Health, DHSS, and Dr. F. S. W. Brimblecombe, Central Health Services Council, have attended.

Observers. The Association is grateful for the assistance given by Dr. Margaret Bell, Scottish Home and Health Department, Dr. Mary Jenkins, Welsh Office, Dr. Eileen Ring, 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.


4. Matters Concerning the Administration of the Association

The Rules of the Association have been redrafted and are to be submitted to the Annual General Meeting.

Academic Board. The 7th Annual Report of the Board has been received by Council and is published as an appendix. Council nominated Drs. Pamela Davies, John Dobbing, Lionel Hersov, and Graham Stark to fill the vacancies on the Board resulting from the retirement of Drs. G. S. Dawes, June Lloyd, and Colin Walker. Dr. Jackson retires after six years as Honorary Secretary to the Board. The Association is deeply grateful for his invaluable work. Dr. Roy Meadow is nominated by Council to succeed him.

British Postgraduate Medical Federation, London. After meeting with the BPA Overseas Committee, the Federation has kindly agreed to play a greater part in helping the Regional Postgraduate Paediatric Advisers to find suitable appointments for overseas graduates.

Meetings with the Chief Medical Officer, DHSS. A valuable link with the Department of Health is maintained by meetings between some of the Officers of the BPA and the CMO. We are very grateful to the CMO for extending us this courtesy. Apart from topics noted elsewhere, 'The Desirable Size of Major Children’s Centres' continues to be discussed.

'Paediatrics in the Seventies'. This document has received much praise and is in great demand.

Discrepancies in Hospital Data. In addition to encouraging paediatricians to ensure that the increasing number of day admissions of children to hospital should be recorded separately by their hospital administrators, efforts are being made to collect data about children in adult wards.

Preparation for Parenthood. The President and Professor C. E. Stroud have had preliminary meetings with Sir Keith Joseph.

5. Awards of the Association

James Spence Medal. Council approved the nomination of Professor C. A. Clarke, President of the Royal College of Physicians, London, in recognition of his ‘outstanding contributions to the advancement of paediatric knowledge’.

Heinz Fellowships of the BPA. Heinz Fellowships for 1973–74 have been awarded to Dr. G. L. Barnes (New Zealand), Dr. R. K. Chandra (India), Dr. K. L. Lam (Malaysia), Dr. U. R. Warerkar (India)—Fellowship ‘A’; Dr. G. V. Vimpani (Australia)—Fellowship ‘B’. Council is grateful to H. J. Heinz Company for continued support of what it believes is an important contribution to international paediatric education, and to the Nuffield Foundation for continued administrative help.

6. Finance and Allied Matters

The Association is grateful to the Institute of Child Health for continuing to provide office accommodation and committee facilities at 30 Guilford Street, and to The Hospital for Sick Children for catering services.

The Directors of Unigate Ltd. have generously maintained their annual travel grant.

As a result of a new agreement with the BMA, publishers of the Archives of Disease in Childhood, the Association is to receive an increased share of the profits.

A generous donation of £100 has been received from Mr. Hugh Greenwood—Honorary Member.

7. Meetings of the Association

The 43rd Annual Meeting of the Association was held at the Aviemore Centre, Inverness-shire, in April 1972.

A joint meeting with the Paediatric Pathology Society was held at the Royal College of Physicians, London, in October 1972. The President and 100 Members of the BPA attended.

Council wishes to record its appreciation of the work of the Academic Board in organizing the scientific programme of these meetings, and to thank the many members who submitted and presented papers.

The 45th Annual Meeting of the Association will be held from 23–27 April 1974, at Harrogate.

8. Standing Committees of the Association

BPA/BAPS Liaison Committee. Commentary on the Asa Briggs Report on Nursing was submitted to Council before being sent to the Department of Health. After meeting the Officers of the British Association of Otolaryngologists, recommendations are being prepared about the siting of children’s beds for ear, nose, and throat disorders. 'The Desirable Size of Major Children’s Centres' continues to be reviewed.

Committees on Europe. Dr. D. MacCarthy and Professor A. Holzel are now full members of the Confederation of European Societies (Syndicates and National Associations) of Paediatricians (CESP). The Committee continues to advise Council about paediatric matters concerning the Common Market.
9. WORKING PARTIES

Reports about the following have been submitted to Council:

(i) The Role of Married Women Doctors in Paediatrics. (Now submitted to the BMA).
(ii) Paediatric Registrar Appointments.
(iii) School Health Service.

Reports on the following are being prepared:

(i) Planning of Hospital Paediatric Departments.
(ii) The Training of Pupil Midwives in Paediatrics.
(iii) Integration with the Faculty of Community Medicine.
(iv) Child Abuse.
(v) Hospital Facilities for Children undergoing ENT Treatment.

Council is grateful to the Members who have served on Committees and Working Parties during the year, and also to those who have represented the Association on both statutory and voluntary bodies. Many individual Members have helped the Association by their advice, suggestions, and criticisms.

10. MATTERS CONCERNING GOVERNMENT DEPARTMENTS

Department of Health and Social Security. Comments on the following have been submitted to the Department:

(i) The Future of the School Health Service.
(ii) Paediatric Registrar Appointments.
(iii) Abortion.

Scientific sessions

These were held on Wednesday, Thursday, and Friday, 4–7 April, and the following communications were presented.

M. A. P. S. Downham introduced by S. D. M. Court, Newcastle. ‘Clinical significance of parainfluenza virus infections in children’.

M. Purcell (D. P. G. Bolton and K. W. Cross) introduced by K. W. Cross, London. ‘Upper airway obstruction in the infant’. Nasal airway resistance in the infant has interested us for these reasons. (1) Some babies can undergo severe upper airway obstruction without showing any appropriate response (Cross and Lewis, 1971). (2) Babies will not breathe normally through their mouths (the 50% survivors in cases of posterior choanal atresia are those who cry to ventilate their lungs). Investigation of babies referred to us has shown that airway resistance may be increased tenfold above normal with only minor signs—such as mild rib recession. An oral airway was found to reduce the work of breathing enormously, and we were able to calculate the fall of resistance using a plethysmographic technique. It was characteristically reduced to a third or less of that when nose breathing. This resistance was still high compared with normal values, and improvements in the design and placing of the airway are under review.

It was striking that the discomfort of the airway was well tolerated only when the improvement in resistance was clearly demonstrable.

That we had 5 infants referred to us in the first month after announcing our interest suggests that this is a widespread problem.

REFERENCE


S. Godfrey, London. ‘Treatment of perennial childhood asthma’. In the past 5 years disodium cromoglicate and the steroid aerosol beclomethasone dipropionate have both been developed in Britain for treating asthma.

Carefully documented long-term trials of these drugs have been carried out in children with persistent asthma requiring continuous medication. Progress has been evaluated by clinical observation, diary records, exercise tests and, in many cases, by the twice daily recording of peak flow rate at home.

In a study of the efficacy of disodium cromoglicate it was found that 84% of children could be adequately controlled for a full year on this drug compared with 24% receiving bronchodilators. An increased frequency of administration improved the response in about 40% of otherwise poor responders. Further follow-up showed a very small relapse rate after a year of successful control and the cumulative success rate for up to 3 years was 72%.

Those children who could not be controlled by cromoglicate required steroids. Initially the alternate morning regimen or corticosterin was used, but a trial of beclomethasone aerosol has clearly shown that this drug can totally replace other steroid therapy, giving better control of symptoms without any evidence of systemic activity. These drugs have great potential value for the paediatrician.

P. A. Zorab, London. ‘Prognosis for life in childhood scoliosis’. Since 1962, 629 patients with scoliosis, the majority of whom were children or young adults, have been assessed at Brompton Hospital. The majority were referred by Mr. C. W. Manning from his Scoliosis Clinic at the Royal National Orthopaedic Hospital, London. Over 80% continue to attend. Physical examination, chest radiography, electrocardiography, and pulmonary physiological testing are done routinely.

The majority of patients have so-called idiopathic, paralytic, or congenital spinal curvature, but other groups with, for example, Friedreich’s ataxia, Marfan’s syndrome, neurofibromatosis, and muscular dystrophy are included. 33 deaths are known to have occurred. The cause was known to be ‘respiratory’ in 14 patients and ‘cardiac’ in 10. In general, it has been found that scoliotic patients in middle age die from cardiac insufficiency while those in childhood more often die from acute respiratory infections, especially if a congenital cardiac lesion is present. The warning features of danger to be found in childhood are dyspnoea at rest, the presence of important general medical