

Immunoglobulin alterations have often been related to an increased susceptibility to infection in patients with hereditary haemolytic anaemia. Though extensive studies have been carried out in sickle cell anaemia, very few data are available on thalassaemia.

In the present series, immunoglobulins G, A, and M have been quantitatively estimated in 50 thalassaemic children aged 10½ to 13 years. No significant difference was found in any of the immunoglobulins between patients and age-matched controls. No correlation could be shown between immunoglobulin levels and (a) the severity of anaemia, (b) haemosiderosis, and (3) morbidity. Against all current clinical impressions, patients did not show any increased susceptibility to infections.

P. LAPATSANIS. Hellenic Paediatric Society. 'Calcium, phosphorus, and magnesium balance studies in homozygous thalassaemia.' In homozygous thalassaemia bone lesions are generally well marked at the age of 5 years or earlier.

In two children aged 7 with this disease, calcium, phosphorus, and magnesium balance studies were performed. Both patients showed marked bone lesions clinically and radiologically. Serum calcium, magnesium, and alkaline phosphatase were within normal limits, but serum phosphorus was found to be abnormally low in Case 1 though within normal limits in Case 2.

In normal children if phosphorus intake averages 1100 mg/day, retention varies from 3–40% of the intake. Both our patients were on low phosphorus diets, 600 mg per day or less, and their retention was 8% or less; both had muscular weakness; Case 2 had a negative phosphorus balance and Case 1 was on balance. Both cases were found to have normal creatinine clearance but the phosphorus clearance, the ratio of urine phosphorus to urine creatinine concentration, and the phosphorus excretion index were abnormal. These findings indicated that children with thalassaemia might have phosphorus deficiency syndrome. Case 1 was on positive balance for calcium and magnesium, while Case 2 was on negative balance for both these elements. Urinary pyrophosphate excretion was abnormally low for both patients.

Increased oral intake of calcium and phosphorus plus small doses of vitamin D (2000–3000 units/day) were given to both patients and they have been followed clinically, radiologically, and haematologically; Case 1 for 20 months and Case 2 for 8 months. Calcium, phosphorus, and magnesium balance studies were performed during the period of treatment and urinary pyrophosphate excretion was measured. The findings appeared to indicate that the treatment had had some beneficial effects on (1) weight and height, (2) radiological appearance of the bones, (3) calcium and phosphorus balance (but not magnesium balance), (4) abnormally low serum phosphorus, and (5) blood Hb levels.

D. M. FLYNN. London. '5-Year controlled trial of chelating agents in treatment of thalassaemia major.' A prospective controlled trial of continuous chelation

therapy in children with thalassaemia major on a high transfusion regimen was started at The Hospital for Sick Children in 1967.

The patients were allocated to the chelator-treated group and 10 to the control group. The groups were closely but not identically matched for age, sex, units transfused, and splenectomy status.

The chelator-treated group received desferrioxamine 0.5 g intramuscularly daily, and DTPA with transfusions. At the conclusion of the study 19 patients were available for clinical evaluation, and 17 for liver biopsy.

The growth rates and incidence of complications in the 2 groups were similar. Histological changes in the liver biopsy specimens favoured the treated group.

The mean liver iron concentration of the biopsies in the chelator-treated group was 2.59% dry weight and in the controls 4.12% dry weight; there was no overlap between the 2 groups and the difference between them was highly significant ( $P < 0.001$ ).

The evidence suggested that there was heavy iron loss in both groups, though that in the treated group was greater.

SERENA DAVIDSON introduced by C. E. Stroud. London. 'Surgery of temporal lobe epilepsy in children.' Temporal lobe epilepsy is relatively common in childhood. It may be only a minor disability and well controlled by drugs. There is, however, a hard core of drug-resistant cases who suffer social and educational catastrophe as a consequence of their attacks, as well as associated behavioural problems. Since 1952, Mr. Murray Falconer, at the Maudsley Hospital, has performed a unilateral temporal lobectomy on more than 300 patients of whom more than 30 were under the age of 16 years. In two-thirds of these children the pathological substrate of mesial temporal sclerosis was found, and this often appeared to have been the sequel of severe febrile convulsions in infancy. The results of surgery with this pathology are encouraging. In this paper, the histories, investigations, treatment, and progress of the first 30 consecutive children were reviewed. Investigations included sleep EEG studies, and EEGs with sphenoidal electrodes performed under Pentothal anaesthesia to determine laterality. Air encephalography and psychometry were also helpful in lateralizing the lesion. The vast majority of these children showed impressive improvement after operation.

J. WILSON. London. 'Neurological complications of DPT inoculation in infancy.' In the years 1965–71, 36 children were seen in the Department of Neurology at The Hospital for Sick Children, London, in whom an encephalopathic illness occurred within 1 week of the administration of triple vaccine. In the majority of cases the onset of the illness was within 48 hours of the first or second inoculation, and was characterized by fits and fever. Infantile spasms occurred in 3 infants.

Although it is probable that these patients are a highly selected series, by virtue of the severity of the reactions and the prevalence of sequelae, we are disturbed to discover that in over one-third of these patients there

were prior contraindications to inoculation with the pertussis component. Our findings suggest that there should be a more rigorous application of these recommendations of the Department of Health, aimed at diminishing the frequency and severity of these complications.

D. H. MELLOR. Aberdeen. 'Incidence of certain behaviour symptoms in 295 epileptic schoolchildren compared with matched controls.'

SHEILA J. WALLACE introduced by O. P. Gray. Cardiff. 'Febrile convulsions: factors in recurrence.'

G. PAMPIGLIONE. London. 'Is the tuberous sclerosis syndrome a rare condition? A study of 100 cases.'

A seminar on 'Communication in Paediatric Practice' was held on Saturday morning, 7 April, with Dr. P. J. Graham as Chairman. The following speakers took part: Dr. Dermot MacCarthy. Aylesbury. 'Communication between children and doctors'; Dr. Philip Pinkerton. Liverpool. 'Communication between doctors and parents of children with psychosomatic disorders'; Dr. Elizabeth Newson. Department of

Psychology, University of Nottingham. 'Communication between doctors and parents of handicapped children'; Dr. Sula Wolff, Department of Psychological Medicine, Royal Hospital for Sick Children, Edinburgh, and Dr. Michael Simpkins, Poole. 'Communication between paediatricians and child psychiatrists'; Dr. Lionel Hersov. London. Summing-up and conclusions.

GEORGE FREDERIC STILL LECTURE. The Lecture was delivered on 6 April by Dr. Elsie M. Widdowson. Cambridge. 'Cells, growth, and function.'

Members and guests attended a Reception on the evening of Thursday, 5 April, by invitation of the Mayor of Lancaster.

The Ulster Cup competition was held at the Lancaster Golf Club on Friday, 6 April, and was won by Dr. A. R. R. Cain. The UCH Squash Cup Competition was held at Lancaster University and won by Dr. R. D. H. Boyd.

The Annual Dinner of the British Paediatric Association was held on the evening of Friday, 6 April. Sir Keith Joseph, Minister of Health and Social Security, was the principal guest.