BRITISH PÆDIATRIC ASSOCIATION.

PROCEEDINGS OF THE THIRD ANNUAL GENERAL MEETING.

The Third Annual General Meeting was held at the Old England Lake Hotel, Windermere, on Friday and Saturday, May 23rd and 24th, 1930.

FIRST SESSION (MAY 23RD, 10 A.M.).

Business Proceedings: The President, Dr. Morley Fletcher, was in the Chair, and there were present 44 members and 15 guests.

President: Dr. Robert Hutchison was elected President for 1930-31 and the election of Officers and Ordinary Members followed, as recommended by the Executive Committee.

Secretary: Dr. Donald Paterson (re-elected).

Treasurer: Dr. H. Morley Fletcher (re-elected).

Representative for London: Dr. J. Hugh Thursfield, to complete Dr. Hutchison's term of office.

Representatives for the Provinces: Drs. C. Paget Lapage (Manchester) and K. D. Wilkinson (Birmingham).

Ordinary Members: Drs. J. A. Birrell (Bristol), John d'Ewart (Manchester), J. Hartley Gibbens (London), Samuel Simms (Belfast), D. W. Winnicott (London).

Next Meeting: The place of next year's meeting was discussed and it was decided that it should be held at Malvern.

Treasurer's Report: Dr. Morley Fletcher presented the Treasurer's Annual Report, which was adopted. This showed a balance of £43 6s. 4d.

International Congress at Stockholm. The motion by Dr. Leonard Findlay: "That a British Committee be appointed in connection with the International Congress at Stockholm in August this year" was considered. Dr. Findlay proposed and Dr. Thursfield seconded "that a standing committee, composed of the President, Treasurer and Secretary of the British Paediatric Association, should be formed to deal with any official affairs of an international nature concerned with diseases of children." Since Drs. Parsons and Spence were going to Stockholm this year, it was unanimously resolved that they should represent the British Paediatric Association, Dr. Spence acting in addition as Secretary.

Scientific Business.

1. DR. ROBERT HUTCHISON (London) with Dr. ALAN MONTGRIEFF (introduced): "A Case of Fatal Primary Hypertension in a Child of 8½ years." They described the case of a girl, with nothing in the family or previous history of note. The child was suddenly seized with convulsions followed by coma lasting 13 days. She recovered from this but continued to have headache and occasional vomiting. She was found to have a blood pressure of 180. There was no evidence of renal inefficiency. The pressure rose to 210, when convulsions again set in, followed by coma in which she died. Autopsy showed an enlarged left ventricle and some congestion and edema of the vertical meninges. The right kidney was three times larger than the left, but neither showed histological change.

2. DR. G. F. STILL (London): A Second Attack of Poliomyelitis." He described a girl aged 7½ years, and this case is to be reported in full in the Archives of Disease in Childhood later.

3. DR. J. C. SPENCE (Newcastle): "A Clinical Study of Xerophthalmia." Speaking on xerophthalmia and night blindness due to diet deficiency, he said that this condition was not uncommon in certain industrial areas in England, and he had seen 14 cases in 12 months. Amongst the older patients night blindness was the first invariable symptom. Later xerosis of the scleral conjunctiva appeared, and in advanced cases softening and ulceration of the cornea might ensue. The underlying dietetic deficiency was discussed and Dr. Spence pointed out that the general condition of the affected patients was relatively good and there had been no apparent cessation of growth, and also the cure of the condition had not produced any remarkable increase.
in weight or height. This suggested that the anti-growth factor and the anti-xerophthalmic factor were not necessarily the same.

4. **DR. BERNARD SCHLESINGER (London):** "The Protective Role of the Tonsil in Acute Rheumatism." He said that there was little doubt that rheumatic relapses were most frequently brought about by acute and often extremely mild throat infections. Tonsillectomy would thus seem to be the most obvious course, but in many cases unfortunately it had been shown to exert little influence on the disease. Dr. Schlesinger produced some evidence showing that the rheumatic patient is often better served by a pair of septic tonsils than by a healthy throat, since in the event of acute tonsillitis recurring, a long-standing throat infection appeared to be a certain protection against a relapse of rheumatism. The speaker concluded that the operation should therefore be reserved for those children whose general health was being adversely affected by this chronic focus of infection.

5. **DR. E. C. WARNER (London) introduced by DR. CAMERON:** "A Study of Calcium Metabolism in Chorea and its Relation to Treatment." He said that in chorea the motor-point of the supinator longus muscle reacted to a considerably smaller stimulus than normal, and this increased excitability diminished as the clinical condition improved. The average value of the blood calcium in a group of cases of chorea was below normal. The cerebro-spinal fluid calcium (representing the inorganic blood calcium) was below normal, while the phosphate was raised. The majority of cases of chorea were rapidly improved by injections of parathormone, which raised the value of the cerebro-spinal calcium; in the cases that did not respond to this treatment, the cerebro-spinal calcium value had been little affected.

6. **DR. DENNIS THROUGH (Liverpool):** "Some Points of Prognosis in Cases of Rheumatic Heart." He thought that (1) close medical supervision by means of rheumatic clinics improved prognosis. Statistical tables were unreliable when based on hearsay information. (2) Tonsillectomy was a valuable prophylactic and therapeutic measure when practised in suitable cases and properly carried out. (3) Twelve cases of coincident rheumatism and congenital syphilis had been noted. The striking points appeared to be that some congenitally syphilitic children showed no signs of the condition and yet the existence of this taint adversely affected the prognosis should rheumatic infection occur. (4) Types and characters of disease differed considerably in different localities.

7. **DR. G. W. BRAY (London) introduced by DR. DONALD PATERNON:** "The Hypochlohydria of Asthma." He said that in 100 consecutive cases of asthma in children it had been found that, by using the fractional method of gastric analysis, three out of every four showed a curve of free acid, total acidity and total chlorides below the normal value for children. Similar results had been obtained in other forms of allergy. The real import of this investigation into the association of a deficiency of acid gastric secretion, whether as a cause or as a result, with allergic manifestations in children, lay in its therapeutic indications. Dilute hydrochloric acid given in doses of 30–90 minims three times a day before meals had a most beneficial effect in alleviating the asthmatic tendency in these children.

8. **DR. F. M. B. ALLEN (Belfast):** "A Case of Intestinal Obstruction in a baby four days old." He described a first-born male infant. There was a history of bile-stained vomiting from the first day, not projectile, of gradually increasing constipation and progressive loss in weight. There was no visible peristalsis. Duodenal obstruction was diagnosed and confirmed by X-ray. At operation the cecum and appendix were found in the left iliac fossa, the small intestine was collapsed and required one complete revolution to relieve the obstruction. The mesenteric attachment was one inch long and the volvulus had caused complete obstruction at the duodeno-jejunal junction. Death occurred in twenty hours and, at a partial post-mortem, it was found that the large bowel was about twice the average length, measuring 60 cm. It is suggested that owing to the abnormal length of the large intestine, the gut did not rotate, and that, as a result of the altered disposition of the small intestine necessary, a twist of the whole small gut had taken place.

9. **DR. R. E. SMITH (London) introduced by DR. CAMERON:** "Cystic Myoma of the Duodenum Simulating Congenital Pyloric Stenosis." He described a female of two weeks, with vomiting, occasionally projectile, after every meal from birth. Visible peristalsis was seen and a tumour was felt in the epigastrium. There was loss of weight under observation. X-ray examination revealed an obstruction near the pylorus. At operation two weeks later, a cyst
the size of a hen's egg was found in the anterior wall of the first part of the duodenum. It had no communication with the gut, but microscopically all the layers of it were present. The mucous membrane was torn from the muscular coats, which were very thick. This was drained. The child died one week later from the shock of the operation. No other abnormality was found at post-mortem examination and the cyst then was no larger than a pea. Three similar cases had been reported in infants, all of which ended fatally.

SECOND SESSION (FRIDAY, MAY 23RD, 8.30 P.M.).

After dinner on Friday, a discussion on "The Future of Pediatrics" was opened by Dr. Robert Hutchison, followed by Dr. Still, Cameron, Findlay and Pritchard. Dr. Morley Fletcher, Cautley, Poynton, Bourne and Spence also spoke.

THIRD SESSION (SATURDAY, MAY 24TH, 10 A.M.).

10. Dr. Leonard Findlay (Glasgow): "The Effect of Ketogenic Diets in Health and Disease." He said the ketogenic diet had for the physician a two-fold interest: (a) as a therapeutic agent in epilepsy and (b) as a means of elucidating the pathogenesis of cyclical vomiting. The results in the treatment of epilepsy had been entirely negative. Though with a ketogenic diet a definite ketosis could be induced as evidenced by low CO₂ values and great increase of acetone bodies in blood and urine, symptoms such as were found in cyclical vomiting had not occurred. Even in a case suffering from a mild attack of cyclical vomiting the institution of a ketogenic diet did not interrupt a steady and rapid recovery. Metabolism in children subject to cyclical vomiting was not abnormal. The only examples of acidosis with symptoms which had been induced were those in consequence of the administration of CaCl₂, NH₄Cl and salicylates. In these examples there was an acidosis without ketosis, but with all the classical symptoms associated with the acidotic state.

11. Dr. Alan Moncrieff (London) introduced by Dr. Thursfield: "The Infantile Type of Gaucher's Disease." He said that Gaucher's splenomegaly occurring in infancy was frequently associated with nervous symptoms of gross cerebral degeneration. He described a case dying at the age of four months which illustrated this, with a histology of the spleen which was typical of Gaucher's disease. The diagnosis from the Niemann-Pick type of splenomegaly was discussed and the relationship between inborn metabolic error and mental defect was thrown out as a suggestion based upon the association in these two varieties of splenomegaly. This communication is reported in the present issue of the Archives of Disease in Childhood.

Dr. Paterson (London), discussing this case, described a male aged six years, now alive and well nine months after the removal of his spleen, which was histologically one of the Gaucher type. His case showed no mental deterioration. The child had co-existing congenital ichthyosis.

12. Dr. Eric Pritchard (London): "Haemoglobinuria in a Newborn Infant." He reported a case of haemoglobinuria in the newborn (Winckel's Disease) with micro-photographs of sections of kidney, with indications of haemosiderin in the convoluted tubules. He also showed specimens of liver, kidney and spleen, stained by Abbott's method, and counter-stained with haemotoxylin and eosin. The case was that of a female baby one month old, who died at hospital three days after admission. The disease ran an apyrexial course. Two days after the purple discolouration of the whole body had commenced, methaemoglobinuria appeared, first in the urine, and the stools became dark green. The infection was ushered in by a rose-coloured morbilliform rash which appeared on the chest a week before the diffused discolouration of the skin. The blood was of a brown colour, and after centrifuging the serum was olive coloured. Spectroscopic examination of the latter revealed the presence of oxyhaemoglobin bands. This case is reported by Dr. Jean Smith in the present issue of the Archives of Disease in Childhood.

13. Dr. Hugh T. Ashby (Manchester): "Soya Bean Flour as an Infant Food." He said that soya bean flour was one of the most nutritious foods yet known and its introduction into this country might be of much value. The flour had a very high food value, especially in protein, and it contained no starch. The vitamin content was also high. The protein, though a vegetable one, could replace the animal protein in diet. It was possible to add soya flour to the ordinary flour for bread making and by so doing the food value was increased and the bread at the same time cheapened. An infant food of high caloric value could be made from soya bean flour.

14. Dr. Geoffrey Bourne (London): "Treatment of Pneumococcal Empyema by Aspiration, combined with Local Administration of Optochin." He reported four cases, three
of which were cured, as judged clinically and radiologically. The causative organism in the fourth case was probably a Group IV pneumococcus. The method was aspiration of the pus, preferably with a two-way syringe, and subsequent irrigation with a 0.5 solution of optochin until the washings were no longer turbid. Finally an amount of optochin was instilled in 1 per cent. solution, to an amount of 25 milligrammes per kgm. of the child's weight. This process was repeated indefinitely at intervals until (1) there was no further accumulation of pus, (2) the fluid removed was sterile. The ages of the children were 14 months, 19 months, 5 and 6 years respectively.

15. Dr. Noah Morris (Glasgow): "Metabolism in Celiac Disease." He said that the absorption of fat in celiac disease, although defective, resembled that of the normal in that both actual and percentage absorption rose when the intake was increased. There was no increase in blood-fat. Evidence of defective absorption of substances other than fat was given by the low blood-sugar and blood-phosphorus curves following administration of glucose and phosphate respectively. The effects of administration of bile-salts were: (1) An increase in percentage absorption of fat, (2) an increase in retention of calcium, (3) an increase in the rise of blood-sugar and blood-phosphorus curves. In cases of biliary atresia, however, the blood-sugar curve was normal and the poor absorption of fat was not influenced by the administration of bile-salts.

16. Dr. Geoffrey Fleming (Glasgow): "Meningeal Haemorrhage in the Newborn." He said that lumbar puncture was the only certain method of diagnosing meningeal hemorrhage in the new-born infant. Of 103 cases proved by this means or by post-mortem examination, 56 were dead. Of the survivors 5 showed nervous sequelae when they were a year or more old. Only one of these, however, might be classed as a case of true spastic diplegia.

Dr. Allen (Belfast) showed X-rays of an infant with cerebral hemorrhage, demonstrating the hemorrhage by post-mortem injection of the vessels.

17. Dr. Vining (Leeds): "Some cases of Prolonged Non-Tuberculous Consolidation of the Lung, illustrated by lantern slides." He referred to three cases of prolonged consolidation of the lung. The first case was an example of delayed resolution of the lung following lobar pneumonia in a child with a history of cough and sputum for some years. Final clearing of the lung as shown by X-rays did not take place for two months. The second child aged 29 months had a history of debility and defect in weight for some months and when first seen presented signs at the right apex and the X-ray picture showed dense shadow. There was tracheal stridor, irregular pyrexia and a positive tuberculin reaction. The X-ray showed a clear upper lobe after a period of 6 months observation and the child was thought to be an example of so-called epistiperculosis. The third child had been ill with cough and wasting from the age of 8 months and was first seen at 11 months old. There were then extensive physical signs over both chests and X-rays showed gross mottling of both lungs. At the end of 8 months observation in the ward the lungs had cleared except for an extensive patch in the left lower lobe and the child had gained several pounds in weight. The tuberculin test was positive. No tubercle bacilli were found in the sputum or faeces. At the age of 23 months the child died suddenly at home and a post-mortem was obtained. Gross tracheo-bronchial tubercle was found with a fibrosing cæsious focus in the left lower lobe. There were several crude tubercles in the spleen and liver. Death had been caused by recent pleuro-pneumonia. Dr. Vining suggested that the very prolonged consolidation of the lungs was due to excessive tissue reaction of a non-tuberculous nature in the neighbourhood of tubercular foci in a child who was reacting excessively to tuberculous toxin. All the tuberculous lesions showed healing and tubercle bacilli could not be obtained by culture or inoculation of the guinea pig.

18. Dr. J. Hartley Gibbens (London) introduced by Dr. Pritchard: "Petit mal in Children." He pointed out the value of hyperventilation in the diagnosis of petit mal. It was obviously a great advantage to be able to reproduce the attack, especially by such simple means. Of his six personal cases, four reacted to 1–3 minutes hyperventilation with an attack. Acids or acid-producing salts such as hydrochloric acid and ammonium chloride were tried without success. Finally the case of a boy was quoted with a 4½ years' history of so-called petit mal, but on hyperventilation attacks were always produced after even 2–3 deep breaths. On this a diagnosis of hysteria was made, and brief mention was made of the work of German psychiatrists, who in a large proportion of cases of undoubted hysteria could produce typical individualised attacks by deep breathing.