

prognosis of the condition. In addition, birth asphyxia is potentially avoidable and the importance of initial resuscitation in infants at risk of developing the respiratory distress syndrome has been stressed.

Recognition of hypertrophic obstructive cardiomyopathy in childhood. G. I. Fiddler (introduced) and M. J. Godman (introduced). Royal Hospital for Sick Children, Edinburgh.

Recent studies of hypertrophic obstructive cardiomyopathy have suggested that this is a familial condition transmitted as an autosomal dominant trait and may be associated with a poor long-term prognosis. The clinical diagnosis can be made in childhood in the presymptomatic phase, but may be difficult. 8 children with the condition between the ages of 1 and 13 years who were referred for evaluation of a late systolic

murmur were discussed. Only one patient had symptoms. The clinical findings and electrocardiographic appearances in 5 suggested that the probable diagnosis was cardiomyopathy. In the remaining 3 the murmur was not thought to be diagnostic, and the electrocardiograms were normal. In 6 of the 8 patients cardiac catheterization and angiography confirmed the diagnosis. In all 8 patients, however, echocardiography showed the typical features of hypertrophic obstructive cardiomyopathy with asymmetrical hypertrophy of the interventricular septum and abnormal midsystolic reopening of the mitral valve. These observations confirmed that echocardiography is a valuable technique in the diagnosis of hypertrophic obstructive cardiomyopathy in childhood. Because it is non-invasive, the technique can be used to screen families of index cases.