Scottish Paediatric Society

At the Summer Meeting held in the Medico-Chirurgical Hall, Foresterhill, Aberdeen, on Friday, 11 June 1976, the President, Dr. D. M. Douglas, was in the Chair.

The titles of the clinical demonstrations were as follows:


A polyp and more polyps. A. I. Davidson (introduced). Aberdeen Royal Infirmary.

Case of triploidy. S. J. Hanlin (introduced). University Department of Child Health and B. Page (introduced). Department of Medical Genetics, Foresterhill, Aberdeen.

Unusual case of neonatal oedema. M. G. MacMillan, Royal Aberdeen Children's Hospital, Aberdeen.


Scientific communications

Wolff-Parkinson-White syndrome in infancy and childhood. R. A. F. Bell, M. J. Godman (introduced), and P. M. Olley (introduced). Department of Child Health, Ninewells Hospital and Medical School, Dundee; Royal Hospital for Sick Children, Edinburgh; Hospital for Sick Children, Toronto.

Seventy-four infants and children with the Wolff-Parkinson-White (WPW) syndrome had been followed for periods of up to 22 years. 52 cases had no evidence of associated congenital heart disease and in 12 the WPW ECG pattern was noted only intermittently. Type A and type B ECG patterns occurred with similar frequency in the group with no associated heart disease and there was no difference between these two types in the incidence of paroxysmal atrial tachycardia (PAT). Severe recurrent episodes of PAT were, however, more common in type A. 12 of 15 infants presented in the neonatal period with congestive heart failure due to PAT, but PAT was a recurrent problem in only 4 of these cases. Recurrent PAT was more commonly observed in children beyond the first year of life. 21 cases had associated heart disease and a higher mortality in this group reflected the severity of the underlying heart disease. Variations in the natural history of the WPW syndrome exist within different age groups but the long-term prognosis of the condition in childhood appears favourable.

Prevention of vitamin D deficiency in Asian immigrants. J. A. Ford, J. Pietrek (introduced), A. Ali (introduced), M. A. Preece (introduced), W. B. McIntosh (introduced), J. L. H. O’Riordan (introduced), and M. G. Dunnigan (introduced). Stobhill General Hospital, Glasgow and Middlesex Hospital, London.

The prophylactic effect of fortification of chappati flour with vitamin D has been assessed by the measurement of 25-hydroxycholecalciferol (25-OH-D) levels of three groups of Asians in December, March, and June 1974. In the control group using unfortified flour, the mean (±SD) levels of 25-OH-D were 5.8 ± 0.6, 4.20 ± 0.5, and 4.9 ± 0.07 ng/ml respectively. The corresponding values in a group taking 3000 IU vitamin D orally per week and included for comparison were 7.0 ± 1.9, 17.3 ± 1.6, and 19.7 ± 3.0 ng/ml. In the group given vitamin D fortified flour (6000 IU/kg), the levels were 4.9 ± 0.8, 18.5 ± 1.2, and 19.8 ± 1.7 ng/ml. This study was extended by treating a rachitic Indian adolescent with fortified flour. Over an 8-month period biological and radiological healing was observed. 25-OH-D levels returned to normal. It was concluded that vitamin D fortification of chappati flour may prove an effective measure in the prevention of Asian rickets and osteomalacia.

Klinefelter's syndrome in infancy and childhood. S. G. Ratcliffe. MRC Clinical and Population Cytogenetics Unit, Western General Hospital, Edinburgh.

During the course of the newborn chromosome survey in progress in Edinburgh since 1967, 18 infants with the karyotype 47,XXY were identified, giving an incidence of 1/51000. At birth there was no significant difference in weight, length, or head circumference from the controls. There was a higher incidence of abnormalities of the external genitalia, as of congenital malformations in general, but these were not sufficiently frequent or constant to allow a clinical diagnosis to be made. Growth and development studies of 13 children showed the times at which alterations in testicular and body growth occurred and data were provided on height, weight, head circumference, bi-iliac and bi-acromial diameters, and sitting height. Endocrine investigations with particular reference to the first 3 months of life had been undertaken. Psychometric assessment had given a mean IQ not significantly different from that of the general population, but an abnormal social class distribution had to be taken into account, and initial comparisons with siblings were not favourable. Testicular histology had been studied in 2 cases, and in the light of these findings the possibility of therapy was considered.
Weight lifting ability in normal and handicapped children: developmental study. I. D. Riley. Division of Medical Paediatrics, Stobhill General Hospital, Glasgow.

The ability of normal children to lift weights by means of a pulley was measured. This ability had been found to rise in direct proportion to age, and variations were consistent with a normal distribution. Studies of children with cerebral palsy and with spina bifida had shown their performance to be well below the lower limit of the normal range. The simplicity of the method suggested that it might be of value to measure degrees of disability and also progress under treatment.

The following articles will appear in future issues of this journal:


Rotavirus infections in a maternity unit. B. M. Totterdell, I. L. Chrystie, and J. E. Banatvala.


Significance of late reactions after bronchial challenge with house dust mite. J. O. Warner.

Failure to thrive and death in early infancy associated with raised urinary homovanillic and vanillylmandelic acids. M. Hirschberger and F. Kleinberg.