British Paediatric Association

Proceedings of the Fiftieth Anniversary Meeting

The Annual Meeting of the British Paediatric Association was held at York from 11–15 April 1978. 463 members attended together with 7 Heinz Fellows, 9 WHO/UNICEF Fellows, Observers from the Department of Health and Social Security, and the Scottish Home and Health Department, and 158 guests. The Windermere Lecture was given by Prof. M. H. Klaus (Case-Western Reserve University, Ohio) and Prof. C. R. Scrivener (McGill University, Montreal) and Mr K. Tilt (Hospital for Sick Children, Great Ormond Street, London) gave the Anniversary Lectures.

The Annual General Meeting of the British Paediatric Association was held on Thursday 13 April 1978. The President, Prof. O. H. Wolff, was 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 ELECT: Dr G. M. Komrower
HONORARY TREASURER: Dr A. D. M. Jackson
HONORARY SECRETARY: Prof. June K. Lloyd

MEMBERS OF COUNCIL 1978–1981: Dr E. H. Back, Dr A. F. Conchie, Dr J. H. Littlewood, Dr D. Morris, Dr Aileen Redmond, Dr N. J. Royston, Dr H. Simpson, Dr P. E. Walker.

HONORARY MEMBERS: Prof. P. Karlberg, Dr P. MacArthur, Dr M. E. MacGregor, Dr Angele Petros-Baraszian, Prof. P. Rojer, Prof. C. Scrivener, Dr E. B. Sims, Prof. H. K. A. Visser, Prof. J. Waterlow, Dr T. K. Whitmore, Dr R. B. Zachary.


1. OBITUARIES

The Association has suffered the loss of Dr Cecile Asher (Honorary Member), Dr F. S. Carter, Prof. J. Craig (Original and Honorary Member), Dr S. L. Ludbrook, Dr R. C. MacKeith (Honorary Members), Dr E. Hinden, Dr J. D. Pickup, Dr Mary D. Sheridan (Honorary Member), and Dr P. N. Swift.
2. DISTINCTIONS
Council has noted with great pleasure that following nomination by the Association, Dr R. H. Anderson was awarded the Excerpta Medica Travel Award for 1977. This was the first occasion the award had been made to a British doctor. Council has also noted with great pleasure that Prof. J. A. Dudgeon has been awarded both the CBE and the Bisset Hawkins Medal of the Royal College of Physicians of London, and Mr G. J. Piller the OBE.

3. COUNCIL
Membership. The following members of the Association have served on Council during 1977–78: Prof. O. H. Wolff (President), Dr L. J. H. Arthur, Dr R. D. H. Boyd (Honorary Assistant Secretary), Dr D. Burman, Dr O. D. Fisher, Dr Josephine Hammond, Dr G. M. Komrower (Honorary Treasurer), Dr M. M. Liberman (Honorary Assistant Secretary), Prof. June K. Lloyd (Honorary Secretary), Dr W. M. McCrae, Dr C. H. Nourse (Honorary Assistant Secretary), Dr R. J. Pugh, Dr R. C. Roxburgh, Dr R. J. Young, Dr C. G. D. Brook, Dr Barbara Davies, Dr D. W. Fielding, Dr C. A. S. Galloway, Dr Sheila Lewis, Dr T. C. Noble, Dr R. A. Shanks, Dr W. Davies, Prof. E. E. Doyle, Dr J. R. Harper, Dr M. J. Simkiss, Dr B. Wolman, Dr I. McKinlay (Junior Representative), Prof. R. G. Mitchell (Chairman of the Academic Board) ex officio.

Observers. The Association is grateful to the following for assistance and advice both at Council and in many other ways: Dr Margaret Bell (Scottish Home and Health Department), Mr J. Bentley (President of the British Association of Paediatric Surgeons), Dr F. S. W. Brimblecombe (member of Central Health Services Council), Prof. T. E. Oppé (Adviser in Child Health, DHSS), Dr Marie Richards (Welsh Office), and Dr Esther Simpson (Department of Health and Social Security).


4. MATTERS CONCERNING THE ADMINISTRATION OF THE ASSOCIATION
The Association’s accommodation has now been expanded but remains at 23 Queen Square. The permanent office staff now comprises an Executive Secretary and three Assistant Secretaries. It was necessary to take on a temporary secretary for the two months before the 1978 Fiftieth Anniversary Meeting to process the booking forms.

The Association would like to record its continuing debt of gratitude to the Institute of Child Health for portering and mailing services, the use of rooms for meetings, duplicating facilities, and the administration of staff salaries.

Academic Board. The 12th Annual Report of the Board has been received by Council. Council paid tribute to the work of Prof. R. G. Mitchell who retired this year from the post of Chairman of the Academic Board.

5. AWARDS OF THE ASSOCIATION
James Spence Medal—Prof. S. D. M. Court.
Guthrie Medal—Dr D. P. Davies.
Heinz Fellowships for 1978–79—Dr K. N. Agarwal and Dr H. Mazumdar (Fellowship A); Dr B. Mukerji (Fellowship B); Dr Elizabeth M. Bryan, Dr J. R. Sibert, and Dr M. S. Tanner (Fellowship C). The Association remains indebted to the Nuffield Foundation for advice and administrative help.

6. FINANCE AND ALLIED MATTERS
The Directors of Unigate have again generously donated their annual travel grant of £225 and supplied the programme and all stationery for the Fiftieth Anniversary Meetings in 1978.

The BPA and the British Medical Association now jointly own the Archives of Disease in Childhood. The BPA continues to benefit by a share of the profits from the Archives of Disease in Childhood.

7. MEETINGS OF THE ASSOCIATION
The 48th Annual Meeting of the Association was held at York in March 1977. 590 members and guests attended.

The next Annual Meeting of the Association will be held from 27–31 March 1979.

8. STANDING COMMITTEES AND WORKING PARTIES, AND COMMENTS TO GOVERNMENT DEPARTMENTS AND OTHER BODIES
Reports have been received by Council, and comments have been submitted to government departments and other bodies on many important issues.

This has been a particularly busy year for the Association and Council is deeply grateful to the members who have served on committees and working parties 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.

Council wishes to record its special appreciation of the work of the Editors of the Archives of Disease in Childhood; the journal continues to be of the greatest value to British paediatrics.
Other agenda items

1. Dr R. H. Jackson outlined the terms of reference, aims, and financing of the Joint Commission on Childhood Accident Prevention to be established by the Medical Commission on Accident Prevention.

2. The President reported the result of the referendum on a college of paediatrics. There was no mandate for the Association to proceed towards the formation of a college.

SCIENTIFIC PROCEEDINGS

WINDERMERE LECTURE. The lecture was delivered by Prof. Marshall H. Klaus, Prof. of Paediatrics, Case-Western Reserve University, Ohio on 'Parental attachment: a biological basis'.

FIFTIETH ANNIVERSARY LECTURES. The lectures were delivered by Prof. Charles R. Scrivar, Prof. of Paediatrics, McGill University, Montreal on 'The genetic side of human nature' and by Mr Kenneth Till, Consultant Neurosurgeon, Hospital for Sick Children, London on 'Some perspectives in paediatric neurosurgery'.

Is your brain really necessary? J. Lorber. Sheffield.

It has been known that untreated hydrocephalus occasionally is compatible with prolonged survival with normal intelligence. The advent of EMI scanning provided an opportunity to study systematically children and young adults who were either born with spina bifida or had hydrocephalus without spina bifida at birth. By November 1977, 200 subjects had been studied with special reference to those who had no specific treatment for hydrocephalus and those who had extreme hydrocephalus in infancy but who made good progress subsequently. So far some 70 individuals between 5 and 18 years of age were found to have gross or extreme hydrocephalus with virtually no neopallium who are nevertheless, intellectually and physically normal, several of whom may be considered brilliant. The most striking example is a young man of 21 with congenital hydrocephalus for which he had had no treatment, who gained a university degree in economics and computer studies with first class honours, with an apparent absence of neopallium. There are individuals with IQs of over 130 who in infancy had virtually no brain and some who even in early adult life have very little neopallium.


Cross and Stratton (1974) suggested that the neonatal brain might consume up to 70% of the total oxygen consumption (VO\textsubscript{2}). The brain is, therefore, a considerable thermogenic organ, and the head, an important heat-losing area. The aim of this study was to determine some value for head heat loss and to assess the benefit of an insulating hat.

The head heat output from 10 infants was measured using Hatfield-Turner heat-flow discs. The VO\textsubscript{2} of the remaining 13 infants was measured in a closed-circuit metabolism chamber at two environmental temperatures while wearing a gummee lined hat and when naked.

Heat flow from the naked head, in thermoneutrality, represented 30% of total body loss as measured in the metabolism chamber (1.86 W compared with 5.58 W).

Covering the vault of the skull with a thick gummee hat resulted in a saving of 14% of oxygen consumed at a temperature of 27°C when compared with the naked infant.

In clinical situations infants are often exposed to cold stress and it is suggested that a substantial energy saving may be achieved by the provision of adequate protective headgear.

Reference


Controlled study of terminal symptoms and the action taken for them in the first 100 sudden unexpected home deaths in the DHSS multicentre study of postneonatal deaths. A. N. Stanton, M. A. P. S. Downham, and J. R. Oakley. Newcastle upon Tyne.

Detailed histories of the last week of life were obtained from 97 of the first 100 sudden unexpected home deaths, in the DHSS Multicentre Study of Postneonatal Deaths, and compared with those of age matched controls. Reproducible criteria were used to assess the severity of symptoms before referring to pathological findings. Use and effectiveness of medical care were also assessed.

No symptoms could be identified in 38 children. Minor symptoms were present in 11, symptoms of similar severity were present in 19 controls. A medical consultation seemed to be indicated in 23 cases. Symptoms appeared severe enough to merit
hospital admission in 25 further cases and, in 16 of these, the family had requested medical help. Respiratory illnesses of index cases commonly included evidence of lower respiratory tract involvement. Gastrointestinal symptoms were virtually absent in controls, but common in index cases. Nonspecific markers of severe illness were prominent in index cases, notably excessive amounts and altered character of crying drowsiness, irritability, anorexia, fever, and sweating. Publicising the importance of nonspecific symptoms in babies may be one way of preventing some postneonatal deaths.

Factors underlying the immediate and dual responses to antigen challenge in childhood asthma. J. F. Price, E. N. Hey, R. J. Levinsky, and J. F. Soothill. London.

Childhood asthma is associated with an immediate (20 min) response on antigen challenge but sometimes also with a late response (4-8 hours). We investigated the occurrence of immediate and dual reaction in 21 children with perennial asthma after bronchial nasal and skin challenge to 2 of 3 antigens: Dermatophagoides, cat fur, and Timothy grass pollen. Three children had only immediate responses to either antigen in any organ, 2 gave dual reactions to all tests. Dual responses were commonest in the lung (27 of 35) and least frequent in the nose (13 of 32). Dermatophagoides gave the highest proportion of dual lung reactions (11 of 12) but pollen gave the greatest number in the nose (9 of 14) and skin (12 of 16). Late nasal reactions were significantly associated with symptoms of allergic rhinitis in these patients. There are therefore clinically relevant exceptions to the prevailing assumption of organ and antigen nonspecificity in the pattern of response to antigen challenge.

These studies indicate the importance of the late reaction in childhood asthma. Preliminary data suggest that a late reaction is associated with antigen nonspecific disappearance of precirculating soluble antigen-antibody complexes and activation of C3.

We believe that asthma is the product of a range of different allergic reactions and these studies shed some light on their mechanisms.


24-hour metabolic profiles were performed in a group of 15 diabetic children to assess their control while on either a single daily injection of insulin (Novo Monotard plus Actrapid) (regimen A), or twice-daily insulin injections (Novo Semitard plus Actrapid) (regimen B). Each child, aged 9-16 years (mean 14), was studied twice: once on each regimen, after optimising his control at home by conventional methods before each admission.

Blood sampled in hospital from an indwelling venous canula was assayed for glucose, free insulin, C-peptide (a measure of endogenous insulin production), and various metabolites. Fractional urinary glucose estimations were also performed.

The mean daytime blood glucose profile was similar in regimens A and B with high postbreakfast peaks. Significant differences occurred overnight, however, with a higher postsupper peak in A (P<0.01); a lower trough at 1 a.m. in B (P<0.025); and a higher prebreakfast level in B (P<0.05). Mean area under the glucose curve, as a measure of diurnal hyperglycaemia, showed no significant difference between A and B. The mean total daily urinary glucose outputs were (remarkably) identical: 12.1g on both A and B. 6 of the 15 children had significant residual endogenous insulin reserve, as shown by a clear response of C-peptide to blood glucose changes. Free insulin profiles will be discussed in relation to C-peptide and glucose patterns.

24-hour metabolic profiles have shown that similar overall diabetic control may be achieved in children whether on 1 or 2 injections of insulin per day, with some differences in overnight glucose patterns. Endogenous insulin production contributes substantially to diabetic control in many patients.

Serious nonviral infections during remission and remission induction of acute leukaemia of childhood. I. M. Hann. Manchester.

Nonviral infections occurring over the last 8 years were reviewed to define micro-organism prevalence and response to treatment. Serious infections occurred in 38 patients: 11 ALL and 1 AGL in full remission and 23 ALL with 3 AGL during remission induction. Over this period 285 newly diagnosed patients were admitted to the unit.

Despite a 66% rate of carefully performed necropsies, we were unable to confirm the high incidence of fungal and protozoal infections reported from America. The greatest serious morbidity and mortality occurred with Gram-negative organisms, particularly Klebsiella (85% mortality), Pseudomonas pyocyanea (78%), and E. coli (50%). 31 patients were neutropenic but no correlation was found between outcome and duration (P>0.6) or severity (P>0.1). Septicaemia was present in 40% of patients with a mortality of 33%. Infection involving Gram-negative bacillus pneumonia, CSF, middle ear, bowel, and perianal abscess carried a poor prognosis. Mixed organism infection was associated with a 66% mortality but no deaths occurred from single Gram-positive organisms.
The combination of gentamicin with penicillin or ampicillin was clearly unsatisfactory and amikacin with carbenicillin was substituted. Since this change and the adoption of more stringent diagnostic techniques and early granulocyte transfusion 18 months ago there has been little serious morbidity and no mortality from bacterial infections.


The role of viruses in the life and death of children with acute lymphoblastic leukaemia was studied from 1973–76. A virus was present at death in 7 out of 10 children dying during the induction phase of treatment or during the first remission and in 3 of 5 children who died after a relapse of their leukaemia. However, it is not always possible to relate causally the infection and the death. During life children with leukaemia were studied virologically at monthly intervals and at times when they were obviously infected. Viruses were isolated on 119 occasions in 63 patients. The length of excretion of the virus was studied in those children in whom it was possible to obtain paired specimens. The mean lengths of virus excretion (in days) compared with those of normal children were measles: 20 v. 8, influenza: 22 v. 5, respiratory syncitial virus: 28 v. 6. The clinical illnesses were more severe than with the same virus in normal children and on many occasions there was no antibody response detectable in the blood. The relationship between antileukaemia treatment, immunosuppression, and the virus infection was assessed. Intensive virological investigation has led to a better understanding of infections in these children and it appears that viruses are emerging as important pathogens within this group. Rapid and accurate viral diagnosis is essential now that antiviral agents are becoming a reality.


The mortality from fulminant hepatic failure (FHF) in children is very high although lower than in adults. 22 of 31 (71%) consecutive cases, aged 0–15 years, admitted to our unit since 1969 died. Data from these cases are compared with 9 who recovered to determine features of prognostic importance. 8 of 25 with acute hepatitis (non-B) survived, as did 1 of 3 caused by paracetamol overdose. Single cases of neonatal hepatitis, *Amanita phalloides* and halothane hepatitis, died. Grade IV coma of 24 hours' duration occurred in 18 fatal cases compared with one survivor (P < 0.005). Frank intestinal haemorrhage (15 cases), hypotension and bradycardia with respiratory failure requiring assisted ventilation (16 cases) were limited to the fatal group. No other clinical observations were significantly different.

The mean prolongation of prothrombin time in the fatal cases was 119 seconds; in survivors 51 seconds (P < 0.02). Serum bicarbonate levels were higher in the fatal groups (P < 0.02) and raised serum urea and oliguria more common (P < 0.05). Standard tests of liver function and electrolytes were more abnormal in the fatal group but not significantly so.

At necropsy, 9 of 13 (69%) had cerebral oedema. We conclude that the pathophysiological changes occurring in children with FHA with severe encephalopathy are similar to those in adults and that the mortality is no lower.

**Reference**


**Sequelae of covert bacteriuria in schoolgirls.** R. Verrier Jones and Cardiff-Oxford Bacteriuria Study Group. Cardiff.

To determine the effects of covert bacteriuria on renal growth and scarring, a trial was conducted on 208 girls aged 5–12 who had bacteriuria detected by screening. 98 were observed for 4 years without treatment and 110 were treated. Treatment markedly reduced exposure to bacteriuria. 77% of the treated compared with 26% of the untreated controls were free of infection for at least half of the 4-year follow-up. Despite this treatment had no effect on the emergence of symptoms, remission of vesicoureteric (v-u) reflux, the growth of the kidneys, or the development of kidney scars. New kidney scars did not develop in previously unscared kidneys. In 12 (6%) of the 208 girls progression of pre-existing scars was noted. The distinguishing features of this high risk group were the presence of kidney scarring on the initial x-ray, a high prevalence of v-u reflux together with persistence or recurrence of bacteriuria. In girls with unscared kidneys the duration of bacteriuria was not correlated with renal growth or the clearance of v-u reflux.

It is concluded that screening for covert bacteriuria cannot be recommended in schoolgirls since the kidney damage associated with infection arises before age 5.


Four groups of babies were studied. In 3 the mothers had received pethidine within 4 hours of delivery and the babies in group 1 received no antidote, and in groups 2 and 3 recommended doses of intravenous nalorphine and naloxone respectively. In the 4th (control group) the mothers had not been given pethidine.

Respiratory function was measured by serial capillary blood gases, expired CO₂ and the alveolar ventilation (AV) was calculated. The neurobehavioural state was measured by the Scanlon score.

When compared with controls (mean AV at 15 min=226·4 ml/min per kg), pethidine depressed ventilation (AV=166·9 ml/min per kg) and naloxone only partially and transiently neutralised this effect (AV=185·2 ml/min per kg). The half-life of naloxone measured by an RIA method was about 3 hours and in the light of both of these findings the dose has recently been increased and additional data will be presented.

Nalorphine, on the other hand, had a stimulating and more prolonged effect for at least up to 1½ hours (245·7 ml/min per kg) which was associated with obvious irritability, excessive crying, and reduced sucking reflex.

These results suggest that, while the standard dose of nalorphine stimulates respiratory function, it also produces an undesirable excitatory state with no evidence of a depressive effect; that the value of naloxone is transient and that the recommended dose regimen of the latter may require revision.


Cardiac surgery can now rescue most gravely ill infants suffering from congenital heart disease. Accurate and rapid diagnosis is essential but cyanotic defects often present particular difficulty. A new type of 2-dimensional echocardiography (a 60° sector scanner using a single beam) was applied to 36 cyanosed infants; the diagnosis reached was compared with subsequent information from angiocardiography and necropsy. The basic defect was correctly determined in 22 (61%), namely: great artery transposition (8), left heart hypoplasia (3), severe pulmonary valve stenosis or atresia (3), severe Fallot's tetralogy or Fallot-type pulmonary atresia (3), primitive ventricle (2), persistent truncus arteriosus (2), AV canal (1). Substantial diagnostic information was obtained in 11. In 2, echocardiographic findings were incorrectly interpreted; in one, reassessment questioned the angiocardiographic diagnosis. In several patients echocardiography gave vital information not given by angiocardiography. In most, diagnostic scanning took less than 5 min.

A 2-dimensional unit added to the basic ultrasound equipment of most obstetric units could provide the neonatal paediatrician with a noninvasive diagnostic key to the common types of cyanotic congenital heart disease. In the cardiac diagnostic laboratory this technique has already made a striking impact on the diagnostic process. We now consider 2-dimensional echocardiography an essential technique in the investigation of the blue infant.

A Perinatal Review Session was presented by the British Paediatric Perinatal Group under the chairmanship of Prof. J. P. M. Tizard, Oxford.

Anomalous congenital abnormalities. P. M. Dunn. Bristol.


GROUP SESSIONS

British Association for Paediatric Nephrology


Peripheral blood lymphocyte populations and lymphokine production in children with steroid-responsive nephrotic syndrome. R. S. Trompeter.

Delaying steroid therapy and spontaneous remissions in relapses of steroid-sensitive nephrotic syndrome. R. J. Postlethwaite.

Interstitial nephritis in childhood: a review of 8 cases. S. Chapman.

Use of the gamma camera in paediatric renal transplantation. R. Counahan.

Shunt nephritis. J. G. Davies.

Renal growth following reimplantation of the ureters. J. D. Atwell.

Renin and blood pressure in children with renal scarring and vesicoureteric reflex. J. M. Savage.

Renal lesion in Jeune's syndrome. A. H. Cameron.
British Paediatric Cardiology Group


Dental problems and infective endocarditis in childhood. P. G. Rees.

Outlook for infants with very large ventricular septal defects. G. H. Watson.

Cardiac arrhythmias in infancy—further evaluation by combined 24-hour respiratory and ECG tape monitoring. D. Southall.


Surgical management of the univentricular heart. D. I. Hamilton.

British Paediatric Endocrinology Group

Prostaglandin test for growth hormone deficiency. W. Hamilton.

Somatomedin activity in the rabbit fetus decapitated in utero. D. J. Hill.


Once a salt-loser, always a salt-loser? I. A. Hughes.


Metabolic rate before and after dieting in obese children. L. Stimmler.

Hereditv and environment in the determination of body fat: a 15-year longitudinal twin study. L. J. Hawk.

Use of saliva for measuring steroid concentrations in childhood. I. A. Hughes.

Familial juvenile endocrinopathy. R. E. Pugh.


Familial clinical oedema—a new syndrome? A. Auchterlonie.

British Paediatric Gastroenterology Group


Abnormalities of intestinal transport systems in the postenteritis syndrome (PES) and ‘toddler’ (non-specific) diarrhoea. J. H. Tripp.


Protracted diarrhoea associated with congenital vitamin B12 deficiency. D. C. A. Candy.

Gastroenteritis in 1977—a year’s study of the clinical features of rotavirus infection. H. Lewis.

Diagnosis of Crohn’s disease in childhood. C. A. Campbell.

Enteroinvasive E. coli and the HEp2 tissue culture test. N. Evans.

Collagen prolyl hydroxylase activity in childhood liver disease. M. S. Tanner.

Liver histology in cholestatic jaundice of infancy. R. Nelson.

Further evidence of a primary mucosal defect in coeliac disease. C. J. Rolles.

British Paediatric Immunology Group

Defective opsonisation in liver disease in childhood. V. F. Larcher.

Increased liability to infection after adenotonsillectomy. D. H. Garrow.
Immunoglobulin levels in serum, saliva and assessment of cell mediated immunity in children undergoing adenotonsillectomy. P. Hindocha.

Interaction between neonatal and maternal lymphocytes. J. G. Bissenden.

Onset and site of synthesis of complement in the human fetus. M. Adinolfi.

Incidence of antibodies to toxocara canis larvae. D. H. Garrow.

Objective method of measurement of yeast opsonisation. R. J. Levinsky.

Deficiency of a T cell subset in ataxia telangiectasia. A. R. Hayward.

Febrile convulsions and IgA in nasal secretions. C. Fossard.

**British Paediatric Neurology Association**


Acute encephalopathies and their management. E. M. Brett.

Status epilepticus—fact or fancy? I. A. McKinlay.

Acute neurological problems in bacterial meningitis. S. H. Green.

Medulloblastoma—a changing prognosis? N. McIntosh.

**British Paediatric Nutrition, Metabolism, and Pharmacology Group**

Patterns of drug prescribing for children in hospital. G. W. Rylance.

Comparison of postgrandial metabolism in low birthweight infants and malnourished children. O. G. Brooke.

Milk lipids as a source of essential fatty acids in early infancy. T. J. Evans.

Before the BPA: growth of infants before 1928 and today. E. M. E. Poskitt.

When and why are babies weaned? P. W. Wilkinson.


Disordered intestinal function in glycogen storage disease. P. J. Milla.

Mineral and trace metal supplement for use with synthetic diets based on comminuted chicken. J. M. Thorn.

Interrelationships between calcium, fat, and fatty acid absorption in the newborn. S. D. Meryon.

Are cystine and taurine also essential sulphur amino-acids in preterm infants? H. M. Berger.

**British Paediatric Oncology and Haematology Group**

Lymphoblastic mediastinal tumours in children with and without bone marrow involvement at diagnosis. P. M. Mathew.

Intraspinal neuroblastoma—another ‘favourable’ clinical pattern. J. Punt.

Serum methotrexate levels in patients treated with methotrexate administered as an intravenous bolus, an intravenous infusion, and orally. C. C. Bailey.

Evolution of a safe procedure for administration of high dose methotrexate. G. M. Baird.


The clot-promoting activity of human monocytes following exposure to IgG anti-D coated erythrocytes. R. P. A. Rivers.


Sex and prognosis in childhood acute lymphoblastic leukaemia. J. H. Baumer.

Testicular biopsy in ALL—a histological study. M. Lendon.

Immunosuppression and serious infections during maintenance chemotherapy of acute lymphoblastic leukaemia in childhood. N. T. Rapson.

**British Paediatric Perinatal Group**

Behaviour of a surfactant monolayer. C. J. Morley.

Diagnostic tests in neonatal bacterial infection. M. Cummins.

Absorption of chlorhexidine from the intact skin of newborn infants. J. Cowen.

Paternal and maternal stress following preterm delivery. J. Jeffcoate.

Clostridium butyricum as a pathogen in a special care baby unit. F. M. Howard.

Mortality of babies of very low birthweight by place of birth and place of neonatal care. E. Alberman.

Adverse effects of routine procedures on sick newborn infants. B. D. Speidel.

British Paediatric Respiratory Group

Effects of vaginal delivery and delivery by caesarean section on lung mechanics and lung volumes in the human neonate. A. D. Milner.

Respiratory patterns of infants at increased risk of sudden unexpected death. J. B. G. Watson.

Follow-up study of 50 children with previous chest infections due to mycoplasma pneumonia. J. Mok.

Cystic fibrosis gene, IgE and IgG4. F. Carswell.

Short term effects of chest physiotherapy on lung function tests in children with cystic fibrosis. P. Weller.

Regional ventilation and perfusion with scoliosis. T. Macdonald.

Immunological and genetic studies of allergic families. G. M. Gwynn.


Serum theophylline levels in asthmatic children after oral administration of two slow-release theophylline compounds. S. McKenzie.

Family psychotherapy in childhood asthma—the results of a controlled study. B. Lask.

British Paediatric Tropical Child Health Group


Maternal and fetal nutrition in south India. J. R. Sibert.

Effect of maternal anaemia on the placenta and fetus. K. N. Agarwal.

Neonatal admissions to the paediatric medical wards of the Mulago Hospital, Kampala. P. M. Barnes.

Neonatal tetanus in Goa. H. Mazumdar.


Pattern of chronic handicap and provision of services in Tanzania. P. N. Christie.

Indian childhood cirrhosis. S. Tanner.

Community Paediatric Group

The paediatric role in the care of mentally handicapped children. G. Simon.

Paediatric role in the care of mentally handicapped children. F. S. W. Brimblecombe.

Paediatrician's role in child protection. C. E. Cooper.


DPT inoculation and the brain. G. Pampiglione.