Scottish Paediatric Society

At the Annual General Meeting held at the Royal Hospital for Sick Children, Glasgow, on Friday, 17 November 1978, Dr W. H. Galloway was elected President in succession to Dr R. A. Shanks. Dr E. N. Coleman was re-elected Secretary and Treasurer.

The third Jubilee Lecture entitled 'The purpose and philosophy of developmental assessment' was delivered by Professor R. S. Illingworth.

Scientific communications


88% of an initial sample of 299 infants of birth-weights 2000 g and less were followed up to ages 6-7 years and their progress at school examined. Children who had exhibited transient abnormal neurological signs in the 1st year of life had more problems at school than control children of similar birthweights who had been neurologically normal throughout. Low birthweight children who were considered to have suffered early intrauterine insult were more often excluded from normal school or were more often found to have problems therein than children whose low birthweight (premature delivery or normal dates) was attributed to other causes. Performance in school for survey and control children was correlated with socioeconomic class. For low birthweight children this was a more accurate predictor of later school performance than any other factor.

Radiation characteristics of phototherapy units. I. Smith (introduced), D. H. Wright (introduced), and A. J. Keay. Western General Hospital, Edinburgh.

Clinical studies of the effectiveness of phototherapy in this country seldom include precise measurements of radiation received. A study is in progress to measure the radiant energy output at different wavelengths from various types of phototherapy units using a Macam spectroradiometer. Once these units have been calibrated it is hoped to develop a badge type of radiation measurement (similar to that used in x-ray work) for the measurement of light radiation during treatment. The present study gives the measurements of spectral output from various units over both short and long periods, including assessment of the background radiation. First results show that the long-term stability of the units is good but that a considerable difference exists in the spectral characteristics of units from different manufacturers. Background radiation varies to a degree which causes up to a 50% increase in radiation on sunny days. These findings in relation to the clinical effectiveness of the phototherapy units are being studied so that optimal radiation characteristics for treatment by phototherapy can be established.

Faecal viruses and morbidity among babies in Glasgow. T. M. Scott, C. R. Madeley (introduced), B. P. Cosgrove (introduced), and J. P. Stanfield. Stobhill General Hospital, Glasgow.

During a monthly survey of growth and development of babies from birth to 18 months in two Glasgow housing estates, diarrhoea was found to be a common cause of morbidity in babies from the less salubrious area. Identification of faecal viruses in stool samples taken from these infants led to a more extensive survey. Weekly visits were paid to 27 infants in their homes so that details of illnesses could be recorded and stool samples collected for EM. Faecal virus excretion during hospital admissions was monitored by daily sampling if possible. The findings show that although virus excretion is common and is frequently recurrent, symptoms of illness are not inevitable. The pattern of excretion during hospital admissions is complicated by the multiplicity of virus types seen during a single admission, and the occurrence of hospital-acquired infection. Identification of enteropathogenic Escherichia coli and viruses in combination raises doubts about the validity of ascribing symptoms to any single agent.


It is generally recognised that there is a genetic basis to many febrile convulsions (FC). The usual explanation is that the convulsive threshold is lower in early childhood; by this it is meant that the epileptic convulsive threshold is lower. 630 children referred for EEGs after at least one FC and who also had ocular compression were studied, and the resulting cardiac asystole was measured. Prolonged cardiac asystole after this manoeuvre was found to be
directly related to a family history of FC. Experimental 'anoxic seizures' after excessive oculocardiac reflex were also studied in approximately 100 children in whom it was found that the convulsive threshold—the nonepileptic convulsive threshold—was related to age, and was low at ages when genetic FC are common. The genetic basis for familial FC is an excessive sensitivity of the vagocardiac reflex at an age when the anoxic/ischaemic convulsive threshold is low. The details of this mechanism and its relation to cerebral pathology and to epilepsy, have yet to be elucidated.

Change of reference style

From January 1980, the Archives will change its style for citing references and will follow the number system. We are making this change in order to conform with the 'Vancouver style' of uniform requirements for manuscripts submitted to biomedical journals.

Previously the Archives has used the Harvard reference system. Its advantages and disadvantages compared with those of the number system have seemed evenly balanced, but the editors have been aware of the burden imposed on authors and their secretaries by the different styles which different journals require. Therefore, with the unanimous agreement of the editorial committee, we have decided to support a move whereby a large—and increasing—number of major medical journals will accept manuscripts presented in one agreed style.

The system numbers references consecutively in the order in which they are first mentioned in the text. References are identified in the text by arabic numerals. For further details see instructions to authors inside the front cover, and the references cited.1,2

From now onward all manuscripts submitted should accord with the new style.
