British Paediatric Association

Proceedings of the Annual General Meeting

The Annual General Meeting of the British Paediatric Association was held on Thursday, 14 April, 1983 at the University of York. The President, Professor Sir Peter Tizard, took the chair.

1 OBITUARY
Members of the Association stood in memory of those members and honorary members who had died since the last meeting: Dr A G Ogilvie, Dr George Davison, Dr Charles Pinckney, Professor J Lind, Dr Ritchie Jenkins, Professor John Harries, and Dr Mia Kellimer Pringle.

2 MINUTES
The minutes of the last Annual General Meeting of the Association held on 22 April, 1982 were approved.

3 ELECTION OF OFFICERS
The following will serve the Association for 1983-4.

PRESIDENT
Professor Sir Peter Tizard

HONORARY TREASURER
Dr W J Appleyard

HONORARY SECRETARY
Dr D R Harvey

HONORARY ASSISTANT SECRETARIES
Dr J D Baum
Dr D W Fielding
Dr T L Chambers

HONORARY SECRETARY (1984–7)
Dr T L Chambers

The Association was looking forward to occupying new premises at 5 St Andrew's Place. Paediatric fellows of the Royal College of Physicians had contributed about £50,000 towards the cost of £400,000 for the reconstruction work. The College was launching a public appeal and had agreed to make a substantial annual contribution for 4 years towards the activities and expenses of the paediatric house, provided the appeal realised its target. The Association was greatly indebted to the National Medical Research Fund for a grant of £130,000 to the Royal College of Physicians Appeal towards the BPA's research facilities in St Andrew's Place. The President would be thanking Mrs Win, Chairman of the Trustees, at the annual dinner.

Representatives of the Association had met with a number of organisations and individuals important to paediatrics and a meeting with the Minister of Health was planned.

A new agreement had been concluded with the British Medical Journal for the publication of the Archives of Disease in Childhood. The Association was very grateful to Dr D Burman for the enormous amount of work he had put into a detailed evaluation of the advantages and disadvantages of seeking new publishers. The President thanked Professor R J Robinson, who had retired as senior editor of the Archives, for his work.

After the disbanding of the Children’s Committee and publication of the Deakin Report, the BPA was taking part in discussions about the representation of children's interests across the boundaries of particular organisations.

The future of child health surveillance in the community was a major topic of debate. The goal was a consultant led service with improved training and protection of the interests of existing senior clinical medical officers and clinical medical officers.

The Association's response to the Fourth Report of the House of Commons Select Committee on Medical Education (Short Report) had stressed the need for higher staffing levels in all grades. The Royal College of Physicians had now granted the BPA a seat on the Joint Consultants Committee and
the Association was also represented on the Central Committee for Hospital Medical Services. The Joint Paediatric Committee of the Royal Colleges of Physicians in the UK and the BPA had served a useful purpose, but it was hoped that the Association would eventually be consulted automatically in its own right by the DHSS on child health matters. Representation on the General Medical Council was still to be achieved.

Mrs Carolyn Ellis, who joined the BPA in 1974 and became Executive Secretary in 1977, had left the Association. The President thanked Mrs Ellison for her work and support and sent her best wishes for the future. Mrs Jean Gaffin was appointed Executive Secretary in September 1982.

6 TREASURER’S REPORT
Following resolutions passed at the last Annual General Meeting, most members had agreed that their membership subscriptions should be collected by direct debit. The date for collection had been changed to 1 January each year. Professional accounting advice had been obtained to provide better financial forecasting and as a result the accounts were now presented in the form of an income and expenditure account and a balance sheet. The surplus at the end of 1982 had exceeded forecast. The Honorary Treasurer’s verbal report and the audited accounts for 1982 were accepted. The President thanked Dr A D M Jackson for his valuable work as Honorary Treasurer over the past 5 years.

7 MEMBERSHIP SUBSCRIPTIONS
The meeting agreed that:
(a) BPA members permanently domiciled overseas should pay an annual membership subscription of £45 to include the Archives;
(b) senior registrar’s with part time (PM(79)11) appointments should pay £45 a year, to include the Archives, for the duration of their part time posts.

8 REPORT OF COUNCIL
The Reports of Council and of the Academic Board circulated in March 1983 were accepted. The President thanked the retiring members of these committees for their hard work during their period of service.

9 ANNUAL REPORTS OF STANDING COMMITTEES, WORKING PARTIES, PAEDIATRIC SPECIALTY GROUPS AND REPRESENTATION ON OUTSIDE BODIES
The meeting received annual reports that had been circulated with the agenda.

10 BPA ANNUAL MEETING 1988
It was agreed that the BPA Annual Meeting in 1988 should be held at York University.

11 BEQUESTS TO CHARITABLE INSTITUTIONS
It was agreed that a notice should be put into the Newsletter drawing members attention to the fact that since the 1983 Budget bequests to charitable institutions were not subject to capital transfer tax.

Scientific proceedings

Oral presentations


Seizures in the newborn are associated with a poor prognosis, and recent studies suggest that repeated seizures even in the absence of motor manifestations or hypoxaemia result in brain damage. Seizures are difficult to diagnose clinically and may not be recognised because the signs are atypical. We used a method of continuously recording and monitoring the EEG in very sick newborns. Two channels of EEG, ECG, a time signal, and transthoracic impedance were continuously recorded using a portable battery powered recorder. A 24 hour record was stored on a standard cassette tape and replayed in 24 minutes on a visual display unit, sections showing abnormalities were reviewed at a manually operated speed. Twenty babies at high risk of seizure were studied—gestational age 26–42 weeks, birthweight 790–4160 g, the recording period varied from 24 hours to 14 days. The method did not interfere with intensive care, the record was of good quality, and artefact obscured less than 10%. Seizure was recorded in 18 babies and the frequency was much greater than suspected clinically (median of 100 seizures/study). In 4 there were no clinical signs and in 3 others who were paralysed seizures would have been otherwise unrecognised. Phenobarbitone (20 mg/kg iv) was used but effective control within 6 hours was achieved in only 3 babies. Continuous monitoring of the EEG, and ECG, and respiration is