Clearly, further stances. Cannula device for the administration of T cells when tried out in a summer diabetic camp.

To characterise the preponderance of Enfants Malades, T cells CD5-, (TCR 81) suspensions, we used the device were diabetics. Professor Hughes and Dr Long interested to read of Dr Schober's report. This is the lymphoid associated antigen.

Although if immune response in milk is present or absent.

SIR,—We were interested to read of Dr Schober's report. Although it is clear that the preponderance of CD5- T cells has been observed in milk.

Segmental colonic transit time in Duchenne muscular dystrophy.

SIR,—We read with interest the recent paper by Korman et al concerning the oroarectal transit time in Duchenne muscular dystrophy. In contrast to reports of gastric hypomotility and intestinal pseudo-obstruction, the authors found a normal oroarectal transit time. Therefore the genesis of patient's constipation is not due to impaired small bowel motility. Colonic motility had not yet been studied in Duchenne muscular dystrophy.

For this reason, we recently studied segmental colonic transit time in 12 patients, aged 8 to 18 years (mean 12.3 years). Eight of them were confined to a wheelchair. Gastrointestinal symptoms were noted and segmental colonic transit time was measured according to a method previously described: 20 markers were given at breakfast time to the patients for three consecutive days and plain film of the abdomen was taken at the fourth and seventh days. Ten children had at least one criteria of constipation: less than three stools per week (n = 5), difficulties in defecation (n = 7), and hard stools (n = 3). Ten had gastrointestinal symptoms: abdominal pain (n = 7) proctologic abnormalities (n = 5), encrespers (n = 2), and abdominal distension (n = 2). Results of segmental colonic transit time are reported in the table. Seven of 12 children with Duchenne muscular dystrophy had an abnormal colonic transit time: three had stagnation markers in the rectosigmoid area and four had an abnormal transit time in all the colonic segments. No relationship was found between colonic transit time and either gastrointestinal manifestations or gravity of muscular dystrophy.

Our results show that impairment of colonic transit time is frequent in Duchenne muscular dystrophy. Immobility, weakness of abdominal wall muscles and smooth muscle involvement of many of the colon4 might explain the high frequency of constipation in these patients.

Surfactant treatment for premature babies—a review of clinical trials.

SIR,—In the review article on surfactant treatment,1 Survanta (Abbott Laboratories) is described as a frozen aqueous suspension. The current formulation of Survanta, recently approved for commercial use in the United States, is a suspension requiring refrigeration only. Before administration, Survanta vials are warmed to room temperature.


Paediatric Laboratory Medicine Fund of the Royal College of Pathologists.

SIR,—Funds have been made available to promote scientific interchange in all branches of paediatric laboratory medicine in the UK.

Segmental colonic transit time in 12 patients with Duchenne muscular dystrophy.

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Right colon* (hours)</th>
<th>Left colon* (hours)</th>
<th>Rectosigmoid* (hours)</th>
<th>Total (hours)</th>
<th>Constipation</th>
<th>Other gastrointestinal symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>6</td>
<td>1</td>
<td>13</td>
<td>20</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>9-12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+</td>
<td>+</td>
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<tr>
<td>13-15</td>
<td></td>
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<td></td>
<td></td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>16-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

HML-1 monoclonal antibody was kindly supplied by Dr N Ger-Bennisus, INSERM U131, Hôpital des Enfants Malades, Paris, France. © Gut Transit Cl 1991;66:434–50.


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