BRITISH PAEDIATRIC ASSOCIATION.

PROCEEDINGS OF THE FIFTH ANNUAL GENERAL MEETING.

The Fifth Annual General Meeting was held at the Old England Lake Hotel, Windermere, on Friday and Saturday, the 27th and 28th May, 1932.

FIRST SESSION (MAY 27TH, 10 A.M.).

Business Proceedings: The President, Dr. F. John Poynton, was in the Chair and there were present 48 members.

The minutes of the last meeting were read and approved.

Letters of regret were read from Doctors Vining, Craig, and Tallerman.

Doctors G. F. Still and Edmund Cautley (both past Presidents) were elected Honorary Members.

President: Dr. A. Dingwall Fordyce was elected President for 1932-33, and the election of Officers and Ordinary Members followed, as recommended by the Executive Committee.

Secretary: Dr. Donald Paterson (re-elected).

Treasurer: Dr. H. Morley Fletcher (re-elected).

Representative for Scotland: Dr. Geoffrey Fleming, in place of Dr. Charles McNeil (Retired under Rule 4).

Ordinary Members: Dr. W. R. Collis of London, Dr. A. G. Ogilvie of Newcastle, and Dr. A. Hayes Smith of Bradford, were elected Ordinary Members.

Next Meeting: The selection of the next place of meeting was left to the Executive Committee, but on a show of hands, it was decided by 15-8 that a meeting should take place next year.

The Treasurer’s report was received and adopted.

Change of Rules: Dr. Morley Fletcher moved that Rule 2 be amended to read ‘who shall be distinguished paediatricians practicing in the Dominions and Colonies.’ The matter was referred back to the Executive Committee. It appeared that most members were in favour of the term ‘Honorary Members’ including distinguished paediatricians from overseas, and foreign paediatricians, while some new name such as ‘Emeritus Members’ was suggested for those now termed ‘Honorary Members.’

1. Dr. A. Moncrieff (London): ‘The economics of the unnatural feeding of Infants.’ He said that in Germany, and generally in Europe, cow’s milk costs half what it does in England, and since raw milk is never given to children in Germany, surgical forms of tuberculosis are very rare there. A consideration of the milk problem in this country forces the conclusion that our complicated system of grading cow’s milk is an attempt to make the public pay for a purity which is largely unreliable, since even certified milk has given rise to severe infections. A comparison of the costs of ordinary cow’s milk, special children’s milk, and dried milk, in various parts of the world, shows that a baby aged six months can be safely fed in Germany for 1s. 5½d. per week, while in England, a so-called safe method of feeding costs in children’s milk, or dried milk, about 5s. 0d. per week. It is suggested that paediatricians ought to adopt a definite policy about milk, e.g., the abolition of all grading, and concentrate on a good quality ordinary milk to be boiled for children. The cost of dried milk would then have to come down, in order to come into line with this single brand of ordinary liquid milk. At present the cost is about double or more on a basis of reconstitution.
2. **DR. NOAH MORRIS (Glasgow):** "The role of phosphorus in the pathogenesis of infantile tetany." He said that determination of the calcium and phosphorus retentions of a child with active rickets and tetany for one week before, and for five weeks after the administration of Vitamin D showed that there was no excess retention of phosphorus during the period of tetany. Administration of phosphorus in the form of either the acid or alkaline phosphate, to young children who had rickets or osteoporosis, led to a large excess retention of phosphorus over calcium without the appearance of any signs of tetany. There is, therefore, no support for the view that excess retention of phosphorus is of importance as a factor in the production of infantile tetany.

3. **DR. A. C. HAMPSON (London):** "The treatment of cerebro-spinal meningitis." A method was described for the treatment of those cases of cerebro-spinal meningitis in which there is an internal hydrocephalus associated with a 'dry tap' on lumbar and cisternal puncture. A double cannula is introduced into the posterior horn of one lateral ventricle: one tube provides an inflow of irrigating fluid, the other, the out-flow, is connected to a vessel which can be fixed at a given height, thus controlling the pressure in the ventricles. In seven cases, after four days, the flow of C.S.F. was re-established; in four of these cases, the patient made an apparently complete recovery.

4. **DR. LIGHTWOOD and DR. F. JOHN POWNON (London):** "A clinical study of paraplegia of neoplastic origin in childhood." The clinical and pathological details of four cases of paraplegia due to secondary neoplastic involvement of the spinal cord were used in illustration of the diagnosis difficulties encountered in this condition. Two of the cases were mediastinal sarcomata, one was cervical sarcoma of unknown origin, and the fourth an instance of adrenal neurocytoma showing very unusual features. The sudden onset of the paraplegia in such cases, and its frequent flaccid character, were made the subject of comment. Spinal caries is the usual differential diagnosis, and mimicry may be close. One of the cases resembled tuberculous meningitis.

5. **DR. HUGH T. ASHBY (Manchester):** "A case of rickets, congenital syphilis and achondroplasia in the same child." This case is described on page 231 of the present issue.

6. **DR. C. P. LAFACE (Manchester):** "The treatment of chronic hydrocephalus in infancy." He described cases of chronic hydrocephalus treated for years with gentle compression by a rubber cap. The cases did not essentially need drainage, the slowly increasing circumference of the head being due probably to hyper-secretion. Compression altered the shape of the skull, making it higher and more presentable in appearance, and may have assisted in the slow arrest of hyper-secretion with closing of fontanelles. It was fully recognized that spontaneous cure may take place.

The children who are mentally normal are now learning to walk, and balance their unusually large heads.

7. **DR. ROBERT COLLIS (London):** "Hæmolytic streptococci and acute rheumatism. He briefly summarized the facts which had led Dr. Sheldon and himself to conclude that the hæmolytic streptococcus plays an integral part in the aetiology of acute rheumatism. He then described various experiments dealing with the cutaneous reactions of rheumatic patients, and normals, to different products of the organism, viz., the Dick or exotoxin, and an extract of the dried bodies of the organism or the endotoxin. He showed various statistical tables giving the results of such skin tests on a large number of cases. The following points were brought out:—(1) Age is an important factor influencing the reactivity of all children when grouped together. (2) When the rheumatic children are separated from the general group they are found to give many more positive reactions than the controls. (3) Recentness of the last acute rheumatic attack is a most important factor influencing the reactivity of rheumatic cases,
8. DR. D. W. WINNICOTT (London): ‘Growing pains; the problem of their relation to acute rheumatism,’ outlined his opinion that growing pains are of little help in the attempt to diagnose liability to rheumatic heart disease. They occur commonly in children who find life difficult, whose sleep is imperfect, and who are chronically excited or anxious or mentally exhausted, and it is just these children whose hearts overact during physical examination, and who have a labile temperature and an unstable vaso-motor system. It is a grave though common mistake to keep such children in bed, and to foster in them a carefulness about health.

9. DR. C. D. S. AGASSIZ (London): ‘Tuberculous laryngitis in children.’ He stated that this condition is seldom recognized, as the symptoms are seldom severe, and may be absent. There is usually slight uskiness or loss of voice. Dysphagia rarely occurs. Laryngological examination shows pallor and greyish heaped up deposits in interarytienoid region, with or without swelling of arytenoids, or swelling of false cords or puffiness and injection of cords, or even ulceration and deformity of the cords. This condition occurs usually in older children, but may occur in children of 8 or 9 years of age, and nearly always in cases of pulmonary tuberculosis, whose sputum contains tubercle bacilli. In these cases the incidence appears to be high—about 20 per cent. In a recently examined series, the incidence was as high as 27 per cent. (13 out of 48 cases examined.)

SECOND SESSION (MAY 27TH, 8.30 P.M.).

10. DR. W. SHELDON (London): ‘Amyoplasia Congenito’ with cinematograph. This case has been published in full in the ‘Archives of Disease in Childhood,’ June, 1932, p. 117.

11. DR. K. D. WILKINSON (Birmingham) showed cinematograph pictures of interesting medical cases.

12. DR. R. HUTCHISON (London) opened a discussion on ‘The present state of the teaching and study of pediatrics in the British Medical Schools, and the means and methods of improvement, and the advisability of instituting a Diploma of Pediatrics.’ He said that although instruction on the subject had greatly improved in recent years, there was still room for further improvement. Every teaching school should have a pediatric department, but whether it was staffed by ‘pure’ pediatricists, or not, did not much matter, provided the teachers were keen and well informed on the subject. Out-patient teaching he considered the most valuable, but it must be systematized, cases being scheduled for teaching purposes, and an hour devoted to them twice a week. Ward teaching was, in his opinion, less valuable, but it enabled students to follow the progress of cases, and to study them in greater detail. There should be two ward demonstrations a week. Lectures were of use for dealing with general principles, e.g., of infant feeding, and for some special diseases, and pathological matters. There might be two lectures a week. In a three months’ course, these different forms of teaching would amount to 60 hours in all, but of course, the student must supplement this by reading. An American Committee, which had recently investigated the question, recommended 200 hours of pediatric instruction, but this seemed unnecessary if the student came to the subject late in his career, and already well trained in clinical methods. In ordinary post-graduate training a course of a month’s duration seemed to be the ideal, but the teaching needed to be carefully planned. Intensive courses threw a great strain on the teaching staff.

As regards the question of a Diploma in Pediatrics, he had an open mind. It might be of use to men entering the Public Services, e.g., to School Medical Services, Welfare Work, etc., and also for students from the Dominions who wished to have something to show for their post-graduate work. He did not think, however, that it would be easy to get a Diploma instituted. As regards their taking an interest in the study of pediatrics amongst undergraduates, the chief desideratum was that the subject should be a compulsory one in the final examination.
He was followed by Dr. Charles McNeil, who gave details as to the scope and duration of the teaching of pediatrics in the University of Edinburgh. After mentioning the defects, he suggested the following improvements:—The insertion of appropriate teaching in the earlier subjects of chemistry, anatomy, physiology, and pathology; an extension of the period of clinical study; more attention to the subject of health and its preservation in childhood, and an examination test on the subject.

Many members took part in the discussion. It was unanimously decided that the first step to improve the teaching was to institute an examination in pediatrics in the final examination of the students. Four resolutions were then agreed to, and these were to be forwarded to the General Medical Council by Dr. Still and the President, Dr. F. John Poynton. These resolutions urged the instituting of an examination in pediatrics in the student's final examination.

**THIRD SESSION (MAY 28TH, 10 A.M.).**

13. **Dr. E. Pritchard (London): 'Aluminium Poisoning.'** Dr. Pritchard drew attention to the possibly poisonous effects of aluminium when food is cooked for infants or children in saucepans made of this metal. He had come across several cases in which he thought he could trace symptoms to this source, when infants had consumed for some time bone and vegetable broth prepared, and sometimes repeatedly re-sterilized in aluminium saucepans. The acute symptoms were diarrhoea, although the chronic effects appeared to be of an opposite nature, resulting in constipation. The symptoms corresponded to those described as resulting from the administration of large doses of aluminium to animals.

14. **Dr. A. V. Neall and Dr. J. C. Hawksley (Birmingham): ‘Anaemia occurring in both mother and child.’** They stated that deficiency of haemopoietic factors, particularly iron, in the diet of the mother, may cause the appearance of an anaemia in the mother and child or shortly after birth. In different cases, the shortage may effect the mother, child, and perhaps twin, in different ways, one, two, or all three being affected in different cases. All combinations and permutations occur as shown in the appended list. These cases all show improvement and cure if treated with inorganic iron, which is accelerated by the addition of a yeast preparation (Yestamin).

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A = Anaemic. N = Normal.

15. **Dr. Leonard Parsons and Dr. J. C. Hawksley (Birmingham): ‘The role of yeast in the treatment of anaemia.’** In discussing this subject they first reviewed shortly the recent outstanding advances in the treatment of nutritional anemias, then pointed out that nutritional anaemia could be cured in some instances by iron, in other by iron and yeast, or iron and copper, and that in some cases all the factors were required. Experimentally and clinically they had found that yeast produced a rise in haemoglobin, and a reticulocytosis. Finally, the possible factors in yeast responsible for these changes were discussed, and the results of experiments to determine the essential factors were described.

16. **Dr. Bernard Schlesinger (London): ‘A rare case of amaurotic idiocy with histological sections of the brain prepared by Dr. J. G. Greenfield.’** He discussed a case of late infantile amaurotic idiocy, and pointed out how this case served as a link between the usual type of amaurotic idiocy, with cerebro-macular degeneration, as originally described by Sachs and Tay, and Batten, and other...
similar forms of cerebral degeneration occurring later in childhood. Dr. Schlesinger's case was not in a Jewish child, and did not show the cherry red spot on the macular, although primary optic atrophy was present. The pathological lesions were distributed over most parts of the brain and cerebellum, and also involved the spinal cord. Both the white and grey matter were affected. Microphotographs from histological sections, prepared by Dr. J. G. Greenfield, were shown. Changes in the brain peculiar to this group of cerebral degeneration were demonstrated. Swelling of the dendrites, the lipoid infiltration of the Betz cells, with displacement of the nucleus, were particularly well seen.

17. Dr. George Bray (London) introduced by Dr. D. Paterson: 'A note on the causation of papular urticaria.' He said that condition forms at least 10-20 per cent. of all skin out-patients at Children's hospitals in England, very few children escaping it in some degree. 80 per cent. of cases commence before the third year, and 95 per cent. before the fifth, and ordinarily it disappears before the age of puberty. Practically all cases are confined to the warmer months of the year, and males and females are equally affected. Many hypotheses have been expounded as to its aetiology, and include disorders associated with dentition or digestion; an ill-effect of vaccination; the result of bad clothing, uncleanliness, or the decomposition of sweat; the result of flea, louse or bed- bug bites or worm infestations; and finally an allergic reaction to environment. As the result of the investigation of 200 cases, Dr. Bray suggested that two factors were involved; one food, the other thermal. The food factor was associated with the assimilation of fats, the most common being those of the pig, and certain edible vegetable oils. Their ingestion generally preceded an attack; their withdrawal generally led to the disappearance of the lesions; with their addition, the lesions could be made to reappear; and many cases gave positive skin tests to specially prepared fatty extracts. Oleic acid, a common constituent of these fats, injected in minute amounts into normal skins, produces an immediate wheal followed by an inflammatory papule which persists for many days. The other factor concerned is heat, and explains why the lesions appear in the warmer months, whilst in bed at night, after warm baths, excitement, exertion, or any of the several febrile illnesses that are common during childhood.

18. Dr. J. d'Ewart (Manchester): 'The use of Avertin as a basal anaesthetic in children.' Dr. d'Ewart recounted his experience in the administration of Avertin as a basal anaesthetic for children in 2,256 cases, stating that his main object was the prevention of the horror of the child occasioned by the administration of an inhaled anaesthetic, at the ritual of the theatre, and unpleasant after-effects of inhalation anaesthetic. These requirements had been met satisfactorily with no deaths, and very few scares, though these occurred occasionally in the early cases of his series.

Emphasis was laid on the extreme necessity of careful preparation and administration of the drug, quietness and sympathetic gentle handling prior to administration being essential. Idiosyncrasy was mentioned, and possible deterioration in the drug on keeping.
ERRATUM.

Page 120. It is regretted that in Dr. Wilfrid Sheldon’s article on Amyoplasia Congenita in the last issue, the descriptions of Figs. 4 and 5 were wrongly placed. They should be transposed.