BRITISH PAEDIATRIC ASSOCIATION.

PROCEEDINGS OF THE SEVENTH ANNUAL GENERAL MEETING.

The Seventh Annual General Meeting was held at the Old England Lake Hotel, Windermere, on Friday and Saturday, the 27th and 28th April, 1934.

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

Business Proceedings: The President, Dr. Eric Pritchard (London), was in the Chair, and there were present 53 members.

The minutes of the last Meeting were read and approved.

The following Officers, Honorary and Ordinary Members were elected.

President: 1934-35, Dr. J. Hugh Thursfield (London).

Secretary: Dr. A. Maitland-Jones (in place of Dr. Donald Paterson (resigned)).

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

Representatives for Provinces: Dr. Hugh Ashby (Manchester) and Dr. Norman Capon (Liverpool).

Representative for London: Dr. Donald Paterson in place of Dr. A. Maitland-Jones.

Honorary Member: Dr. A. Dingwall Fordyce (Past President).

Ordinary Members: Dr. Reginald Lightwood (London), Dr. Basil J. Rennie (Glasgow), Dr. Howard Stewart (Belfast), Dr. A. G. Watkins (Cardiff).

Next Meeting: The selection of the next place of Meeting was left to the Executive Committee.

The Treasurer's Report was received and adopted.

It was proposed by Donald Paterson, seconded by K. D. Wilkinson, that 'Notwithstanding any rule to the contrary, distinguished Paediatricians who are resident outside the British Isles and the Free State, may be elected "Corresponding Members" on the nomination of the Executive Committee. The members elected shall not exceed 10 in 1934-35 and 2 in each subsequent year, and that Rule 2 should have added "and Corresponding Members."' This was almost unanimously agreed to.

1. Dr. J. S. Y. Rogers (Dundee): 'Partial reduplication of ureter.' He described a boy aged 12 years with recurrent abdominal pain for fully three years, solely relieved by rest in bed. The pain was referred to areas of D. 10, 11, 12 and L. 1. There were no clinical signs, the urine was normal. An x-ray with a plain film was negative. After intravenous injection of 15 c.c. Uroselectan B. the films revealed separate double kidney pelvis and partial double ureter. At operation: ligation and resection of upper branch. The speaker described varieties of anomalies of kidneys and ureters and discussed diagnosis and treatment.

In the present case a further pyelogram showed lower branch draining two lower calyces, upper calyx not functioning. The boy is in excellent health and free from pain,
2. DR. A., V. Neale (Birmingham): 'A follow-up of some coeliac cases.' A review was made of eight cases of coeliac disease who had been under continued observation and treatment for eight years or more. Remarkably good results had been obtained with clinical and biochemical recovery. The ultimate stature and physique was good. Sexual function and development was normal. No anaemia. Mental state was good. Previous serious coeliac rickets with deformity had entirely cleared. The prolonged treatment was well worth the ultimate result.

3. DR. Wilfrid Vining (Leeds): 'Remarks on a case of multiple arthritis and severe anaemia.' A case of a child aged 3½ years who, following a period of four months during which there was a striking anaemia in conjunction with glandular hyperplasia in the neck and axillae, developed a generalized symmetrical painful enlargement of his joints. Death followed at the end of seven months from the onset of his illness. At the post mortem an extensive deposition of biurate was found in the joints and subcutaneous tissues about the elbows and knees. Microscopic examination of the organs showed leukaemic infiltration of the kidney and liver. There was a family history of gout coming through the father's side, and it was suggested that this was a case of acute gout precipitated by lymphatic leukaemia. The blood at no time showed increase in the white cells and their relative proportion was not disturbed.

4. DR. W. W. Payne (London) introduced by DR. R. W. B. Ellis: 'The acid metabolism in rheumatism.' Three groups of children of approximately 200 each were taken, one from a rheumatic clinic, one from an asthmatic clinic and one from a residential school. Urines passed on rising, after breakfast and before bedtime were collected and the acid, ammonia, phosphate, pH, etc., estimated. The pH showed no change from group to group. The rheumatic and asthmatic groups passed more acid than the normal group but the asthmatic group were receiving enough acid a day to account for the difference between them and the normal. As far as could be told there was no essential difference between the diets of the three groups.

It was concluded that the rheumatic group excreted more acid than either control group.

5. DR. WM. Brown (Aberdeen): 'Calcium in the treatment of chorea.' In cases of chorea when other treatment had failed, large doses of calcium were given to test the sedative effect on the nervous system. Doses of 10 to 20 c.c. of calcium gluconate solution were given each day intramuscularly, followed after ten days by large doses of calcium by the mouth. Injections were painless and did not upset the patients. The effects were definitely favourable. In most cases the movements stopped very early, speech was regained and the children were able to feed themselves tidily. Early control was obtained over the emotions. Examples were shown of the handwriting method of estimating the actual disappearance of the movements.

6. DR. J. V. C. Braithwaite (Leicester): 'Sunlight and pink disease.' That sunlight has a causal relation to pink disease is indicated by its prevalence in sunny countries, its seasonal incidence in England, its predilection for the country and suburbs, and the bad effect of exposing patients to the sun (one patient died a few hours after unintentional exposure, and another showed signs of collapse). The condition is greatly ameliorated and the course of the disease is shortened by keeping the children away from sunlight. Blood diluted with saline and exposed to sunlight was haemolysed except when it was taken from anaemic patients. This occurred through glass as well as quartz. Ultraviolet light produced no haemolysis through glass, neither did white light from a 2 kilowatt lamp. Exposing the blood saline mixture to heat, however, produced haemolysis. At 52° C. blood was haemolysed less rapidly when obtained from a patient with pink disease than when it came from other children, but at 55° C. haemolysis occurred more rapidly. Blood
from children with pneumonia behaved in a similar way. It was therefore concluded that the noxious influence of the sun was due largely to heat, and this was confirmed by treating the condition by cold sponging, light clothing, etc. Two patients so treated were apparently well in a fortnight.

7. Dr. R. C. Jewesbury (London): 'Two cases of diaphragmatic hernia in infants.' The first case was a male child of 3½ months, admitted to hospital for dyspnoea and slight cyanosis since birth. The breathing was found to be worse after food. Breath sounds were absent in lower half of the right chest and intestinal sounds were heard in this area on one occasion. X-ray examination confirmed a hernia through the right half of the diaphragm. The child died a month later at home. The second case was a male child aged 4½ months. Dyspnoea was first noted after an attack of gastro-enteritis one week before admission to hospital. The heart was displaced to the right and breath sounds were absent over lower part of left side of chest. X-ray examination confirmed the diagnosis of left-sided diaphragmatic hernia, and an operation by Mr. Max Page was successfully performed through the abdominal route with repair of an orifice in region of left pleuro-peritoneal canal. The child lost all symptoms and the left lung re-expanded, but unfortunately death from intestinal obstruction occurred ten days later.

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

8. Dr. Reginald Miller (London), in opening a discussion on the use and abuse of infant welfare centres, said that the latest figures available to indicate the size of the movement related to the end of 1932. There were then 2,788 centres in England, including 218 in London. Of these 740 were under voluntary bodies and the rest under local authorities. Compared with the previous year the total number had increased by 32, the voluntary centres had diminished by 88 and the municipal increased by 120. In 1932 the number of children under one year attending for first time was 318,166, amounting to 57.8 per cent. of the notified births. He argued that the movement now showed all the hall-marks of bureaucratic control, and that the right people to be in charge were those experienced in paediatrics and not those specially instructed in public health. His own view of the movement could be summed up in Whistler's dictum on Wilde: "He has no enemies, but his friends dislike him very much."

He was followed by Dr. Wilfrid Vining (Leeds) and Dr. K. D. Wilkinson (Birmingham). A discussion followed in which several speakers took part including Dr. C. McNeil (Edinburgh), Dr. Hector Cameron (London), Dr. Leonard Findlay (London), and the President, Dr. Eric Pritchard.

9. Dr. K. D. Wilkinson showed a series of cinematograph films.

THIRD SESSION (APRIL 28TH, 10 A.M.).

10. Dr. D. W. Winnicott (London): 'Inhibition of feeding in infancy and early childhood.' From psycho-analysis of adults it has long been clear that the feelings of infants and toddlers are much more intense than would appear, and that they can, and commonly do produce serious symptoms. Recently, psycho-analysis of small children has directly confirmed these findings. The speaker had opportunity of studying a moderately severe feeding inhibition in his analysis of a girl of three years (150 hours, over six months), and he found, as others doing this work have found, that it is the unconscious (repressed) phantasies that interfere with physiological functions. In this case the inhibition, which was soon accompanied by other symptoms, appeared at 12 months, and at first was related to feeding in the presence of both parents. As the analysis proceeded, release of the physiological function closely followed the child's increasing ability to tolerate the appropriate phantasies and feelings in consciousness.
11. Dr. Donald Bateman (London), introduced by Dr. Donald Paterson: 'The use and technique of continuous intravenous saline in the treatment of dehydrating and intoxicating disorders in infancy.' A method of treating dehydration and intoxication in infants by means of continuous intravenous saline was described. The indications for the treatment were persistent vomiting and diarrhoea giving rise to dehydration. Such conditions were usually met with in gastro-enteritis, acute obstruction, post-operative vomiting and a variety of other diseases. The solution to be administered was 5 per cent. glucose in saline or 5 per cent. glucose in Hartman's solution. The apparatus for administration was described and also a special continuous intravenous needle (made by Messrs. Allen & Hanbury, to specifications). The control of the apparatus was outlined and a system of after-feeding presented. It was suggested that the treatment had certain advantages over subcutaneous saline and single intravenous saline infusion and that it should be used when the given indications arose.

12. Dr. Alan Moncrieff (London): 'Treatment of intracranial damage in the newborn.' He pointed out that the commonest findings in neonatal death are oedema and congestion of the brain and that an increased intracranial pressure is probably the main factor in causing death. Experimental work and clinical experience with hypertonic salt solutions intravenously or into the bowel demonstrate that increased intracranial pressure can be reduced. The method at present employed has been to give enemata of 2-3 oz. of 10 per cent. common salt solution. This is given with the minimum of disturbance and repeated as required until symptoms abate. Other ancillary methods are employed at the same time. Over an experience of twenty cases the impression has been gained that this is a life-saving measure.

13. Drs. Wilfred Sheldon and B. A. McCance (London): 'Bone and vegetable broth.' Analysis of the mineral content of bone and vegetable broth showed it to be inferior to milk, especially as to calcium, phosphorus and iron. There was no advantage in adding a weak acid such as vinegar. The protein of the broth consisted entirely of gelatin. The salts from bones and vegetables did not continue to be extracted after the first hour, and while cooking was essential to obtain the salts from vegetables this was not so in the case of the bones. Except for the extraction of gelatin, an equally valuable broth (as regards mineral content) could be obtained by soaking bones for an hour in cold water, and then adding vegetables and cooking for an hour.

14. Drs. J. C. Hawksley, Reginald Lightwood and W. W. Payne (London): 'Observations on acholuric jaundice.' In familial acholuric jaundice changed morphological and physical properties of the erythrocytes would appear to be fundamental. Morphologically there is increased thickness and diminished diameter of the cells (spherocytosis); this change was observed on the second day of life in the infant of an affected family, although no symptoms of the disease appeared until five weeks later. Similarly, the physical cell-abnormality (increased fragility) was present on the second day in the same case. The fragility 'trait' is known to be transmitted as a Mendelian dominant. The effects of splenectomy on these two erythrocyte phenomena of acholuric jaundice are:—1. The mean diameter moves towards the normal and may then revert. 2. The fragility likewise shows slight temporary improvement. Pathologically, the main histological changes are due to increased erythrocyte destruction and to increased erythropoiesis. The volume of the evidence favours the view of an inborn error of erythropoiesis but the changes subsequent to splenectomy appear to show that the spleen plays more than a passive part.

15. Dr. J. B. Rennie (Glasgow): 'Nephritis in infancy.' During three years 10 cases of acute nephritis in infants under 18 months occurred, giving an incidence of 5.5 per cent. of all cases of acute nephritis in children under 18 years. All the cases showed massive oedema attributable to the great reduction of serum proteins which occurred. Syphilis was not a causal factor. Owing to the liability to
secondary infection, the prognosis was grave, seven of the cases dying from that cause. In three cases recovery from nephritis was apparently complete. Attention is drawn to the fact that all the cases showed the nephrotic type of nephritis.

16. DR. R. W. B. ELLIS (London): 'Hepatic infantilism.' Five examples of hepatomegaly glycogenica (von Gierke's disease) were described, characterised by great hepatic enlargement, from 4 to 8 years' infantilism, a low resting blood sugar, and a delayed rise in blood sugar following the injection of adrenalin. The condition is generally regarded as due to an inability to mobilize liver glycogen, which is stored in enormous amount. It was suggested that the infantilism was the result of long-standing tissue starvation of carbohydrate, shown by the low resting blood sugar values, and was analogous to Payne's observation that diabetic children fail to grow if over-treated with insulin.

17. DR. H. C. CAMERON (London): 'Unusual sites of tuberculosis infections.' He recorded the case of an infant 8 months old suffering from acute tuberculous laryngitis, whose father had been removed three weeks before to a sanatorium. The earliest symptom was aphonia followed by gradually increasing stridor. On admission, three weeks after the father's removal, there was dullness and bronchial breathing of a very obvious character at the right apex. Laryngoscopic examination showed ulceration of the larynx. The x-ray showed apical tuberculosis of the right lung. Laryngeal obstruction developed, and a month after admission the child's condition was so distressing that tracheotomy had to be performed, and death followed five days later. At the post mortem there was caseous tuberculosis of the apex of the right lung with tuberculous ulceration of the true and false cords of the larynx. The mediastinal and bronchial glands were not involved in the tuberculous process.

He also recorded two cases in young children in both of which the early symptoms had given rise to a confident diagnosis of anterior poliomyelitis—a short pyrexial period followed by loss of power in one leg with loss of knee jerk and wasting of the muscles below the knee. In both cases, after a transitory improvement, some three weeks later, the children developed tuberculous meningitis which, after the usual course, proved fatal. At the autopsy in the second case examination of the spinal cord showed tuberculous lymph surrounding the issuing nerve roots of the lumbar plexus. On section there were numerous giant cells and areas of caseation.

18. DR. G. B. FLEMING (Glasgow): 'Five cases of cyst of the lung.' All the cases were examples of single lung cyst. In four the cysts contained air and in one, fluid. Three died and two aged 1½ years and 8 years respectively, are apparently healthy. There were post-mortem examinations in two of the cases. In one the cyst was lined by ciliated columnar epithelium and in the other by flattened epithelium. From the cyst containing fluid, ciliated columnar epithelial cells were recovered. Three of the patients with air-containing cysts gave physical signs closely resembling pneumothorax. Paracentesis and withdrawal of air relieved symptoms temporarily in two of the cases.