

Scottish Paediatric Society

At the Jubilee Annual General Meeting held at the Royal Hospital for Sick Children, Glasgow, on 24 November 1972, Professor J. O. Forfar was elected President in succession to Dr. Patrick MacArthur. Dr. E. N. Coleman (address—Royal Hospital for Sick Children, Glasgow G3 8SJ) was re-elected Secretary and Treasurer.

The inaugural Jubilee Lecture entitled 'A view of the future child health service in Scotland' was delivered by Sir John Brotherston, Chief Medical Officer, Scottish Home and Health Department.

The titles of the clinical demonstrations were as follows:

Crohn's disease of the large bowel. J. Whyte (introduced). University Department of Child Health, Royal Hospital for Sick Children, Glasgow.

Scleroderma. R. C. Shepherd (introduced). Royal Hospital for Sick Children, Glasgow.

Refractory hypoglycaemia in an infant. D. C. Davidson (introduced). Paediatric Department, Stobhill General Hospital, Glasgow.

Monozygotic twins and the acardiac monster. Marthe A. Le Dune. University Department of Child Health, Royal Hospital for Sick Children, Glasgow.

'Hystero-epilepsy'. D. J. Clow (introduced). Royal Hospital for Sick Children, Glasgow.

Scientific communications

Chromosome studies on 11,000 newborn infants. Shirley G. Ratcliffe (introduced) and A. J. Keay. Paediatric Department, Western General Hospital, Edinburgh.

A chromosome survey of all newborn male infants born at two maternity hospitals in Edinburgh was begun in 1967 in co-operation with the Medical Research Council Cytogenetics Unit, and was extended to include female infants in 1970. Chromosome analysis had been completed on over 11,000 infants and 81 had been shown to have abnormal karyotypes, giving a general incidence of 1 abnormality per 140 newborn infants. In males the commonest abnormality had been the 47,XXX syndrome followed closely by the 47,XXY (Klinefelter's) syndrome, trisomy 21, and balanced translocations. In females, translocations had been the commonest abnormality, followed by the triple X syndrome, and then Down's syndrome. A follow-up programme with detailed growth measurements had been established to ascertain the effects of

these karyotypes on the individual, and some preliminary results were described.

Long-term prognosis of children with ulcerative colitis. K. M. Goel and R. A. Shanks. Royal Hospital for Sick Children, Glasgow. Page 337 of this issue.

Estimation of menstrual age. J. I. Cater (introduced). Department of Child Health, Foresterhill, Aberdeen.

The clinical importance of the date of the last menstrual period is undisputed, but its accuracy is subject to variations in reporting. A clinical measurement which correlates accurately with menstrual age would be a major advance. In the past, birthweight, occipitofrontal circumference, and crown-heel length had been shown to correlate poorly. Of present methods, the physical maturity score had the highest correlation. This had been found for low birthweight infants but not for those of birthweight greater than 2,500 g. It had also been shown that a number of characteristics within the score are virtually specific to certain menstrual ages. The improvement of estimating menstrual age by the addition of a neurological score to that of the physical maturity score was presented.

Plasma food antibodies in patients with suspected coeliac disease. F. Carswell and Anne Ferguson (introduced). University Department of Child Health, Royal Hospital for Sick Children, Glasgow.

40 out of 55 patients with coeliac disease had had food antibodies in their plasma at diagnosis. The antibodies had disappeared in all but 6 of 21 patients after 2 months on a gluten-free diet. 5 of these 6 patients had had high plasma IgA levels at diagnosis. The reintroduction of wheat and rye gluten had been accompanied by the intermittent presence of plasma food antibodies in 7 of 8 patients subsequently shown to have the small bowel biopsy appearances of coeliac disease. Plasma food antibodies had not appeared in 4 patients, whose biopsies were normal, after the reintroduction of gluten. A low whole blood folate concentration had been a less reliable indicator that the small bowel biopsy would show evidence of active coeliac disease. A single test either for plasma food antibodies or for whole blood folate concentration could not reliably indicate deviations from the gluten-free diet in established coeliac patients.