

9. WORKING PARTIES

Reports about the following have been submitted to Council:

- (i) The Role of Married Women Doctors in Paediatrics. (Now submitted to the BMA).
- (ii) Paediatric Registrar Appointments.
- (iii) School Health Service.

Reports on the following are being prepared:

- (i) Planning of Hospital Paediatric Departments.
- (ii) The Training of Pupil Midwives in Paediatrics.
- (iii) Integration with the Faculty of Community Medicine.
- (iv) Child Abuse.
- (v) Hospital Facilities for Children undergoing ENT Treatment.

Council is grateful to the Members who have served on Committees and Working Parties during the year, and also to those who have represented the Association on both statutory and voluntary bodies. Many individual Members have helped the Association by their advice, suggestions, and criticisms.

10. MATTERS CONCERNING GOVERNMENT DEPARTMENTS

Department of Health and Social Security. Comments on the following have been submitted to the Department:

- (i) The Future of the School Health Service.
- (ii) Paediatric Registrar Appointments.
- (iii) Abortion.
- (iv) Asa Briggs Report on Nursing.

Scientific sessions

These were held on Wednesday, Thursday, and Friday, 4-7 April, and the following communications were presented.

M. A. P. S. DOWNHAM introduced by S. D. M. Court. Newcastle. 'Clinical significance of parainfluenza virus infections in children'.

M. PURCELL (D. P. G. Bolton and K. W. Cross) introduced by K. W. Cross. London. 'Upper airway obstruction in the infant'. Nasal airway resistance in the infant has interested us for these reasons. (1) Some babies can undergo severe upper airway obstruction without showing any appropriate response (Cross and Lewis, 1971). (2) Babies will not breathe normally through their mouths (the 50% survivors in cases of posterior choanal atresia are those who cry to ventilate their lungs). Investigation of babies referred to us has shown that airway resistance may be increased tenfold above normal with only minor signs—such as mild rib recession.

An oral airway was found to reduce the work of breathing enormously, and we were able to calculate the fall of resistance using a plethysmographic technique. It was characteristically reduced to a third or less of that when nose breathing. This resistance was still high compared with normal values, and improvements in the design and placing of the airway are under review.

It was striking that the discomfort of the airway was

well tolerated only when the improvement in resistance was clearly demonstrable.

That we had 5 infants referred to us in the first month after announcing our interest suggests that this is a widespread problem.

REFERENCE

Cross, K. W., and Lewis, S. R. (1971). Upper respiratory obstruction and cot death. *Archives of Disease in Childhood*, **46**, 211.

S. GODFREY. London. 'Treatment of perennial childhood asthma'. In the past 5 years disodium cromoglycate and the steroid aerosol beclomethasone dipropionate have both been developed in Britain for treating asthma.

Carefully documented long-term trials of these drugs have been carried out in children with persistent asthma requiring continuous medication. Progress has been evaluated by clinical observation, diary records, exercise tests and, in many cases, by the twice daily recording of peak flow rate at home.

In a study of the efficacy of disodium cromoglycate it was found that 84% of children could be adequately controlled for a full year on this drug compared with 24% receiving bronchodilators. An increased frequency of administration improved the response in about 40% of otherwise poor responders. Further follow-up showed a very small relapse rate after a year of successful control and the cumulative success rate for up to 3 years was 72%.

Those children who could not be controlled by cromoglycate required steroids. Initially the alternate morning regimen or corticotrophin was used, but a trial of beclomethasone aerosol has clearly shown that this drug can totally replace other steroid therapy, giving better control of symptoms without any evidence of systemic activity. These drugs have great potential value for the paediatrician.

P. A. ZORAB. London. 'Prognosis for life in childhood scoliosis'. Since 1962, 629 patients with scoliosis, the majority of whom were children or young adults, have been assessed at Brompton Hospital. The majority were referred by Mr. C. W. Manning from his Scoliosis Clinic at the Royal National Orthopaedic Hospital, London. Over 80% continue to attend. Physical examination, chest radiography, electrocardiography, and pulmonary physiological testing are done routinely.

The majority of patients have so-called idiopathic, paralytic, or congenital spinal curvature, but other groups with, for example, Friedreich's ataxia, Marfan's syndrome, neurofibromatosis, and muscular dystrophy are included. 33 deaths are known to have occurred. The cause was known to be 'respiratory' in 14 patients and 'cardiac' in 10. In general, it has been found that scoliotic patients in middle age die from cardiac insufficiency while those in childhood more often die from acute respiratory infections, especially if a congenital cardiac lesion is present. The warning features of danger to be found in childhood are dyspnoea at rest, the presence of important general medical