

E. M. ROSS. Royal Hospital for Sick Children, Bristol. 'Convulsive problems in the National Child Development Study'. Some 15,000 children currently resident in England, Scotland, and Wales were born in the week 3-9 March 1958. They have been followed prospectively since birth to the present by their school teachers, health visitors, and school doctors. This information is the basis of the National Child Development Study (Davie, Butler, and Goldstein, 1972).

A substudy of those who have had convulsive episodes revealed that 21/1000 have had one or more febrile convulsions and a further 4.1/1000 have had undoubted recurrent febrile seizures (Ross, 1973). These are lower figures than were recorded in earlier British studies but accord well with recent Scandinavian experience. The hospital paediatricians who have cared for these children were asked to supply confirmatory data including details of diagnosis, electroencephalographic findings, patterns of drug treatment, aetiological factors, nature of attacks, restrictions on activity, and prognosis.

These children are shown to be a diverse group of individuals with little in common. The suggestion is made that the generic word 'epilepsy' tends to obscure their paediatric needs.

REFERENCES

- Davie, R., Butler, N. R., and Goldstein, H. (1972). *From Birth to Seven*. Longmans, London.
 Ross, E. M. (1973). Convulsive disorders in British children. *Proceedings of the Royal Society of Medicine*, **66**, 703.

P. D. WATERS and C. G. NEWMAN. Queen Mary's Hospital, Roehampton. 'Writing performance at different ages in normal and in limb-handicapped children of normal intelligence'. Written communication is required in basic learning, conceptualization, and in the development of language and other skills. The fullest realization of educational potential is of particular importance to young people with physical handicap.

Writing ability was studied in physically handicapped pupils, for the most part suffering from limb reduction handicap. In the absence of normal standards to serve as controls, these had first to be established. We reported the writing speeds, under set conditions, of some 1250 normal children going on to GCE, O or A levels, aged from 8-18 years. There is a steady increase in average speed from 5 words/min at 8 years to 22/min at 18 years.

531 returns from schools for the physically handicapped received so far show a wide range but average between half and one quarter of the 'normal' speeds. The deficit increases with age, since the handicapped children tend to lack the continued increase of 1½-2 words/min per year after age 12 years of the 'normal' group.

A pilot study of 6 severely handicapped children with good intelligence showed that in their case it was possible to increase their writing performance to normal by the use of special equipment.

While the 'normal' group attended different schools, there were no grounds to suppose that the quality of education received by the handicapped pupils was

responsible for the poor writing performance. Over 95% of the teachers of the handicapped pupils affirmed that in their view their pupils' education was being retarded by impaired writing performance. This finding represents an important challenge.

P. S. HARPER. University of Wales, Cardiff. 'Congenital myotonic dystrophy in Britain'. A study had been undertaken of patients in Britain with myotonic dystrophy (dystrophia myotonica) in whom symptoms were present from the neonatal period. 53 cases from 39 sibships were studied. In all cases the mother was the affected parent and no instance of a new mutation or of paternal transmission was found. The grandparental sex ratio was equal. 19 neonatal deaths occurred in the sibships, many with features suggesting they were affected. There were 31 apparently unaffected sibs. Reduced fetal movements and hydramnios were present in more than a third of affected pregnancies, with hypotonia and respiratory problems as the main neonatal presenting features. The results of the study support the hypothesis that a maternal environmental factor is responsible for the congenital form of myotonic dystrophy and that affected individuals are also genetically affected. Neonatal death may be commoner than is at present recognized. Viral studies of serum and cultured placental material have not shown a viral cause for the postulated maternal factor; a transplacental metabolic factor remains the likeliest explanation, but is as yet unproved.

HILARY SCOTT. Hammersmith Hospital, London. 'Outcome of severe birth asphyxia'. There have been few reports on the later prognosis for infants who survive very severe birth asphyxia. A follow-up study of such children who were born at Hammersmith Hospital during a 6-year period, 1966-1971, is presented. They were selected either because they were apparently 'stillborn' (Apgar 0 at 1 minute) or because spontaneous respirations were not established within 20 minutes of birth, despite intensive resuscitation by intratracheal intubation with intermittent positive pressure ventilation, and in most cases external cardiac massage and the administration of intravenous alkali. 23 of the 48 children so selected survived the neonatal period and have been followed from 2-7 years. Particular attention has been paid to developmental progress, neurological sequelae, and intelligence. 16 of the 23 children have no detectable abnormality, and have a normal intelligence or development quotient. One child is of border-line normal intelligence, and 6 children have cerebral palsy. 6 of the 7 children surviving apparent 'stillbirth' are normal. An attempt has been made to analyse the antepartum and intrapartum factors associated with the birth asphyxia, and to correlate them with eventual outcome.

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J. G. RATCLIFFE. Royal Infirmary, Glasgow. 'Application of radioimmunoassay of serum TSH, T₃, and T₄ to paediatric thyroid problems'. Specific and