(b) *Ministry of Health.*

(i) Central Health Services Council—Committee on the Functions of the District General Hospital. At the invitation of this body, the Association submitted written evidence which had been in the main prepared by the Hospitals Committee.

(ii) Standing Medical Advisory Committee—Joint Subcommittee with the Advisory Committee on Health and Welfare of Handicapped People. The Association submitted written evidence to this body on the health and welfare services for epileptic people.

Correspondence with the Ministry of Health took place regarding the early detection of congenital abnormalities, the classification of lactose-free foods, and the welfare of children in long-stay hospitals.

(c) *Home Office.*

Committee on Local Authority and Allied Personal Social Services (Seeborn Committee). The Association submitted invited evidence to this Committee.

(d) *Ministry of Agriculture and Fisheries.*

The Association replied to inquiries regarding Skimmed Milk Regulations, and Claims and Misleading Descriptions on Labels and Advertisements of Food.

9. CORRESPONDENCE WITH OTHER ASSOCIATIONS AND OFFICIAL BODIES.

Royal College of Physicians. The Association was invited to send representatives to an informal meeting concerning the European Common Market and has held informal discussions regarding the training and certification of paediatricians.

British Medical Association. Arrangements are proceeding for the joint meeting to be held in Cheltenham in October 1968.

10. REPRESENTATIVES ON OTHER BODIES.

Reports have been received from the members representing the Association on the following bodies regarding their activities:

National Association for Maternal and Child Welfare—Dr. A. White Franklin.

Medical Commission on Accident Prevention—Professor R. G. Mitchell.

11. RELATIONS WITH OTHER PAEDIATRIC SOCIETIES AND ASSOCIATIONS.

(a) *International Paediatric Association.* The Association made a special grant of £55. 13s. 7d. (Swiss Francs 670) to the I.P.A. and this was gratefully acknowledged.

(b) *Austrian Paediatric Society.* Council has had correspondence with this Society with a view to an exchange of visits.

(c) *Greek Paediatric Association.* An exchange of visits has been considered.

12. DONATIONS.

Council received with gratitude donations from

(a) The Children's Research Fund; (b) Dr. Donald Paterson; (c) Dr. R. C. Jewsbury; (d) Messrs. Cow and Gate Limited, which have been of great assistance in furthering the aims of the Association.

The President then declared the Annual General Meeting closed.

Scientific Sessions

Scientific sessions were held in the Conference Hall at the Intercontinental Hotel, Dublin, on April 25, 26, and 27. Members and guests, including members of the Irish Paediatric Association, attended and the following communications were presented.

O. C. WARD (Dublin). 'Familial Cardiac Arrhythmia.' The occurrence of sudden death in certain children suffering from congenital deafness has been linked with the finding of a prolonged Q-T interval, and this abnormality is considered to predispose to attacks of ventricular fibrillation. Familial cardiac arrhythmia is an allied disorder, first described in Dublin in 1963, in which a family study has shown a high incidence of abnormal prolongation of the Q-T interval and in which sudden death occurred in one child, whose heart, on examination, showed no microscopical evidence of any abnormality of the myocardium or conducting tissue. A sib has been under study over a considerable period, and the attacks of loss of consciousness which are the dominant clinical syndrome have been shown to be due to ventricular fibrillation. The spontaneous onset and spontaneous recovery from a number of these attacks has been documented. The condition has since been described in Italy, South Africa, Sweden, and Poland. The communication covered the family study, pointing to a conclusion that the disorder, unlike the cardio-auditory syndrome, is inherited as a dominant. Biochemical data relating to the onset of the attacks of ventricular fibrillation, and histological confirmation of the normal condition of the myocardium were set out.

MICHAEL J. TYNAN introduced by DR. BONHAM CARTER (London). 'Balloon Atrial Septostomy.' Balloon atrial septostomy was introduced in 1966 by Rashkind and Miller for the palliative treatment of transposition of the great arteries. It has subsequently been applied to the treatment of other conditions where flow across the atrial septum is necessary for survival. We have performed the operation for the following conditions: transposition of the great arteries; tricuspid atresia; pulmonary atresia with intact ventricular septum; total anomalous pulmonary venous connexion; and mitral atresia with transposition of great arteries (TGA) and pulmonary valve atresia.

Forty-nine patients had 54 operations, with no complications directly attributable to the procedure. In TGA the mortality during the first hospital admission was 9 deaths in 37 patients (approximately 25%). This mortality was mainly in infants under 6 weeks of age, i.e. 8 deaths in 20 patients; 5 of these patients had additional cardiac lesions.

In other conditions, the balloon septostomy was performed as an adjunct to surgical palliation of the basic lesion. The effects of septostomy in these conditions was difficult to assess.

Balloon atrial septostomy is a safe and effective palliative operation in transposition of the great arteries. It is suggested that it may be of value as an adjunct to