

hormones accounts for the weak thyroid stimulating activity of very large quantities of HCG.

Undoubtedly, then, hyperthyroidism in association with hydatidiform mole results from the very high levels of HCG found in this condition, and this association is probably more frequent than has been generally recognised. A detailed and systematic study of patients with trophoblastic tumours would provide further data on the true frequency and clinical importance of this association. The frequency of clinical hyperthyroidism in women with moles is uncertain. Higgins *et al*¹¹ found clinical evidence of hyperthyroidism in nine of their 14 patients and biochemical hyperthyroidism in one of the remainder. Galton and her colleagues,¹² however, found increased thyroid function in all 11 patients studied, but clinical hyperthyroidism was not seen in any of this group. These differences may be attributed to patient selection or to variable sensitivity to this thyroid stimulator. Clearly this is an association which must be suspected in all cases, but particularly¹¹ when serum levels of HCG exceed 300 IU/ml.

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An unnecessary risk to children

In England and Wales alone during the three years 1971-3 there were 102 deaths and 10 783 injuries among children under the age of 14 years who had been travelling in the front passenger seat of cars and light vans. The annual death rate was relatively constant—being 37 in 1971, 28 in 1972, and 37 in 1973.

The front passenger seat of a car is known to be the most dangerous position in the vehicle. Deaths and injuries from road accidents are specially distressing in children, yet the front passenger seat is a favourite with youngsters, who are frequently indulged by well-meaning parents who seem unaware that they are exposing them to an unnecessary risk. Small children are often to be seen actually standing on the front seat squab or on the floor, gripping the fascia panel below the windscreen, being thus completely vulnerable to a deceleration impact. Furthermore, it is equally common to see other adult passengers, especially the mother, sitting in the back seat, so completely reversing the logical safety procedure. To make a considerable risk worse, seat belts are rarely used by children; and, even when they are, the adult fixation-point and their general unsuitable position probably make their use far less efficient for a small child than for an adult.

Nevertheless, of the 102 child deaths only eight occurred in children using a seat belt. Of the injuries, 885 occurred in children using seat belts and 9898 in cases where no belt was

used. In the absence of any figures showing how many uninjured children did or did not wear seat belts the figures for death and injury can only be a rough guide, but they do strongly suggest that, though the use of an adult safety belt by a child may not be mechanically ideal, many deaths and injuries in England and Wales are attributable to failure to require children to wear seat belts. This is all the more tragic since it could be prevented by discouraging or even prohibiting placing a child in this most dangerous of positions. Children prefer travelling in the front seat, but it is one where a child must be at a considerably greater risk from disadvantages owing to immaturity (they have not the adult anticipation of an accident) and physical size (bracing against the floor and fascia is less effective).

More attention should surely be drawn to this dangerous habit. Government publicity about its hazards could possibly be incorporated into the propaganda now being given to encourage wearing seat belts by adults. Several Continental countries, such as France, have recognised the risk and have introduced legislation prohibiting the practice. The high incidence of death and injuries from accidents to children in the front of cars seems hitherto to have received virtually no publicity: the case for action is compelling.

β -blockers in the treatment of chronic simple glaucoma

Chronic simple (open angle) glaucoma has presented an enigma over the years, and there have been several different approaches to its treatment. Pilocarpine, the mainstay of treatment for so long, has some drawbacks. It is successful in lowering the intraocular pressure, but the contraction of the pupil interferes with vision, especially in patients with central lens opacities, and the spasm of the ciliary muscle causes transient myopia and disturbance of accommodation. In consequence, other fields of pharmacology have been explored.

Adrenergic drugs are effective in reducing intraocular pressure, α -agonists by increasing the outflow of aqueous humour from the eye and β -agonists by reducing its secretion. Adrenaline has established a place in open angle glaucoma therapy, either alone or in combination with guanethidine, which enhances its effect. The β -agonists isoprenaline and salbutamol have also been used to reduce the intraocular pressure, but the response declines with repeated doses and this tachyphylaxis usually occurs within a few weeks. Paradoxically the β -blocking agents also cause a fall in intraocular pressure when administered either locally or systemically. Their exact mode of action is unknown; it may be due to a mechanism other than that of β -blockade, such as a membrane-stabilising effect or an intrinsic β -mimetic action.

This ocular hypotensive effect was first reported with propranolol.¹ Practolol, pindolol, and atenolol have all been found to have a similar action. Propranolol, as drops, acts as a local anaesthetic, which precludes its use as a long-term topical agent. Pindolol does not suffer from this drawback and has been used topically to treat open angle glaucoma for up to one month. On short-term trial² the average drop in intraocular pressure was 7 mm Hg, which makes the effect comparable with that of adrenaline. In general, this group of drugs appear to be free of serious toxic effects—with the exception of practolol, which causes mucocutaneous reactions and dry eyes in a