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The Paediatrician and the Future

The future of the country depends on its children, and the greatest contribution that we as doctors can make to that future is to promote the physical and emotional health of children, to prevent disease, treat it effectively, and alleviate handicaps. The paediatrician has an enormous responsibility not merely for treating the sick child and restoring him to health, but for prevention and counselling, for collaborating with obstetricians in the prevention of noxious factors in pregnancy which may damage the fetus; for guiding parents on the physical, intellectual, and emotional management of their children, so that their children are happy and healthy and achieve their best; and for collaborating with others concerned with child health—the local authority, community physicians, family doctors, nurses, and teachers.

The preventive and curative paediatric services in Britain are of a high standard. By their research they have contributed vastly to medical knowledge and by their teaching to the welfare of children in general. The perinatal mortality rate (22 in 1970) is low by any standards, notably so in view of the size of the immigrant population. But all is not perfect, and much more needs to be done. For a wise, comprehensive, readable, and understanding account of the present state of paediatrics in this country and of its needs for improvement no one could do better than read the book just published by the British Paediatric Association entitled *Paediatrics in the Seventies*.¹

The book is in two main parts—"Child Health in Britain Today," and "The Directions of Change." The first part reviews the causes of death in children. After the first week they are mainly accidents, respiratory infections, malignant disease, and congenital malformations. About 1 in 10 children in the United Kingdom has a significant accident every year, the annual total being over a million accidents to children. The report rightly adds that "one of the most urgent needs is a comprehensive review of facilities and staffing in the Casualty and Accident departments of all hospitals admitting children."

The second and main part of the book, entitled "The Directions of Change," includes sections on the present staffing of paediatricians and others concerned with child care in hospital and the community. It also discusses special areas of child care—perinatal paediatrics, infectious diseases, malignant disease, and adolescence—as well as the paediatric specialties such as cardiology, neurology, nephrology, gastroenterology, endocrinology, and haematology. A concluding section on training for paediatrics wisely makes the

point, important with the Common Market in sight, that elasticity in training requirements must be preserved, because there are many paths to consultant status.

London has a relative dearth of paediatric staff: an average of 1.2 full-time academic clinical paediatric staff per medical school and 1 per 375 students, as compared with 5.0 per medical school in the provinces and 1 per 111 students. The report advocates a substantial increase in full-time academic staff in teaching hospitals and the appointment of more paediatricians in the paediatric specialties of cardiology, neurology, nephrology, gastroenterology, endocrinology, and haematology. The aim is to increase the present number of paediatricians from 363 to 623 over the next 10 years. (There are also 1,599 full-time doctors and 2,664 part-time doctors in the local authority child health services.) The report recommends that there should no longer be single-handed paediatricians in the regions. Further, a new type of paediatrician is suggested for hospital and community. He would have close associations with a number of group practices and the school medical service, and be concerned with the assessment of handicapped children. A university department should have at least one member of its staff who is primarily concerned with the community health services. The report also proposes that the school health service should become an integral part of the N.H.S.

Deprecating the existence of small children's wards in district hospitals, the report advocates that all children in district hospitals should be gathered together into children's departments of not less than 60 beds and preferably 100 or more. Small isolated children's wards should be progressively closed. It is suggested that for London there should ultimately be one children's hospital or department with 500 beds for each of four metropolitan hospital regions. Day hospital care is likely to expand.

The report makes important recommendations on training of nurses for the care of children. It should begin at the age of 17. The retention of the register for sick children's nursing is strongly advocated, with three years' training for it. The system should allow the transfer of nurses to community nursing without loss of status, and should make nurses on the register for sick children's nursing eligible for all senior appointments in a children's ward or hospital. The report hardly touches on the present unsatisfactory state of affairs whereby senior sisters, in order to obtain promotion with corresponding salary increases, have

to leave the clinical work in which they excel in order to do purely administrative work. It makes no mention of possible merit awards for experienced sisters, or of extra salary for postregistration diplomas in special branches of paediatrics, which would enable good sisters to remain in clinical work. The training of children's nurses, it states, should include experience with healthy and handicapped children, children with psychiatric problems, and domiciliary nursing. There should be postregistration courses in special fields. Small wards which cannot maintain an adequate number of nurses trained in children's work should be closed.

The role of the family doctor, who gives primary paediatric care, is well discussed. It is hoped that one doctor in a group practice will be interested and trained in children's work, and that when enough family doctors are trained and willing to undertake the work the child health medical services will pass progressively into their hands.

The British Paediatric Association deserves congratulations for producing this excellent report. It will be of inestimable value for the Government and local authorities, which are responsible for assessing the relative claims on limited financial resources. It is a factual report which makes sensible, detailed, and clear recommendations and is written in modest and moderate terms. It does not hesitate to say that difficulties in fulfilling the proposals are recognized and that in many fields the basic knowledge is lacking on which to make firm recommendations. It is likely to be a model for people considering the needs of other specialties and it should be of great value and interest abroad.

¹ *Paediatrics in the Seventies*, edited on behalf of the British Paediatric Association by Donald Court and Anthony Jackson, Oxford University Press. (Nuffield Provincial Hospital Trust) 1972. £1.

Pituitary Ablation in Advanced Carcinoma of the Prostate

Hypophysectomy has been performed for the treatment of carcinoma of the breast and carcinoma of the prostate as well as for diabetic retinopathy and for primary diseases of the pituitary gland itself. Various methods have been described for destroying the pituitary gland, including surgical excision, ultrasonic shattering, cryosurgical necrosis, and radiation by proton beam or yttrium-90 implants.

Until recent years the surgical excision of the pituitary was regarded as the province of the neurosurgeon, but the trans-sphenoidal approach developed by J. A. James¹ has brought this operation into the field of the ear, nose, and throat surgeon. An incision is made over the lateral aspect of the nose, just anterior to the lachrymal sac, and the anterior wall of the sphenoidal sinus is exposed after opening the lower ethmoid cells and cutting away the posterior third of the nasal septum. The anterior and posterior walls of the sphenoidal sinus are cut away with a fine dental drill, and the dura of the sella turcica is then opened by diathermy, exposing the anterior surface of the pituitary, which is then dissected from its capsule and removed in toto. At first this operation carried a risk of leakage of cerebrospinal fluid, but with his present technique James has shown no fatalities which can be attributed to C.S.F. leak in his last 100 cases. In fact the only

postoperative deaths attributable to the operation itself were one case of cortisone crisis and two of pulmonary embolism.

Ablation of the pituitary by ultrasonic shattering² and by cryosurgery³ have both proved to be too inaccurate to be considered as a reasonable alternative to either surgical excision or yttrium-90 destruction. Proton beam radiation⁴ has greater accuracy but is available only in a few centres.

Yttrium implantation into the pituitary fossa^{5, 6} is simple and effective. J. D. Fergusson and D. E. H. Phillips⁷ analysed 50 cases of advanced carcinoma of the prostate treated with irradiation of the pituitary by this means. Fergusson and W. F. Hendry⁸ now report on a further 50 cases. This operation gave a similar percentage of cases of leakage of cerebrospinal fluid to James's series treated by surgical removal of the gland. There were no cases of interference with the optic chiasma, but B. Kaufmann and colleagues⁹ reported on six patients with hemiplegia, presumably due to thrombosis of the cavernous portion of the internal carotid artery. Fergusson and his colleagues had three patients with similar complications.

Ablation of the pituitary is thus not an easy operation to perform and it carries inevitable risks. Nor is the response of carcinoma of the prostate to it easy to evaluate. It is possible to claim success only when metastatic pain is relieved or some major complication, such as paraplegia or obstruction to the bladder outflow, clears. Such a response was obtained in about 40 to 50% of patients reported on by Fergusson and colleagues and A. Morales and colleagues.¹⁰ The latter considered that a good response was obtained in those patients in whom previous success with oestrogen therapy had been noted. However, Fergusson and his colleagues were unable to confirm this correlation.

Most of James's patients who had undergone surgical hypophysectomy suffered from conditions other than carcinoma of the prostate, and it is too early to be certain of the best type of operation to recommend for that. Possibly the simpler and less traumatic procedure of yttrium implantation is preferable for the elderly patients generally liable to prostatic neoplasm, while surgical hypophysectomy might be more effective for the advanced disease occasionally found in men under the age of 65. But unfortunately when carcinoma of the prostate occurs in the younger men it is generally less responsive to hormone therapy in any form.

¹ James, J. A., *Lecture at the Royal College of Surgeons of Edinburgh*, 14 May 1971.

² Hickey, R. C., Fry, W. J., Meyers, R., Fry, F. J., and Bradbury, J. T., *Archives of Surgery*, 1961, **83**, 620.

³ Rand, R. W., Dashe, A. M., Paglia, D. E., Conway, L. W., and Solomon, D. H., *Journal of the American Medical Association*, 1964, **189**, 255.

⁴ Kjellberg, R. N., Shintani, A., Frantz, A. G., and Kliman, B., *New England Journal of Medicine*, 1968, **278**, 689.

⁵ Fergusson, J. D., *British Journal of Urology*, 1957, **29**, 215.

⁶ Fergusson, J. D., *British Journal of Urology*, 1968, **40**, 488.

⁷ Fergusson, J. D., and Phillips, D. E. H., *British Journal of Urology*, 1962, **34**, 485.

⁸ Fergusson, J. D., and Hendry, W. F., *British Journal of Urology*, 1971, **43**, 514.

⁹ Kaufman, B., Lapham, L. W., Shealy, C. N., and Pearson, O. H., *Acta Radiologica. Therapy, Physics, Biology*, 1966, **5**, 17.

¹⁰ Morales, A., Blair, D. W., and Steyn, J., *British Journal of Urology*, 1971, **43**, 520.

Speech on Both Sides

In adult life dysphasia frequently follows a lesion of the left cerebral hemisphere, whereas it rarely follows lesions of the right hemisphere in right-handed people. This familiar observation has been regarded for over a century as indicating that the left cerebral hemisphere is "dominant" for speech function. But in recent years the traditional notion that