

HISTORY CORNER

Paediatric otorhinolaryngology between a scientific-technical evolution and social-health requirements

L'otorinolaringologia pediatrica tra evoluzione scientifico-tecnica ed esigenze socio-sanitarie

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“Once upon a time ...”

Like in an old fairy tale, one day in 1948, a young man, having just got his degree, confronted the Head of the Otorhinolaryngology Division of the “Civile” Hospital in Venice, Italy, Prof. Federico Brunetti, at that time President of the Italian ORL Society, to ask if he might be permitted to start a specialization course in ORL. During the visit to the ORL Unit, to which they had immediately proceeded, the young man was amazed at the sight of a ward occupied only by children, all of whom had undergone tracheotomy. “These are the ‘canulari’”, the Professor said. Diphtheria was no longer the dreaded horror that the disease had spread only a few years previously, but the outcome of the intubation which was performed, in cases presenting respiratory difficulties, remained as a witness of the heroic period in which attempts of all kinds were made to save those young lives, even if it meant causing permanent damage which required introducing a tracheostomic tube (Fig. 1). The ‘canulari’ were small children, some only a few years old, others slightly older who lived practically in the hospital, awaiting reconstructive interventions – for which great experience had not yet been gained – before returning to their families.

These few words are useful to introduce the topic since they demonstrate quite clearly that paediatric ORL was born be-

cause of the need to give a specific response to pathological conditions that are quite different from those in adults and to ensure that children are hospitalised in a children’s hospital, rather than in a Unit for adults.

The incidence of paediatric ORL disorders should not be underestimated, representing, indeed, approximately 25% of all pathological ORL conditions, concerning, in general:

- malformations;
- hypoacusia;
- inflammation of Waldeyer lymphatic ring;
- foreign bodies;
- tumours.

Giulio Pestalozza, in 1979, referring to pathological ORL conditions in children, wrote:

“These diseases are often diagnosed late because diagnostic tools in children and adults are different. Diseases in adults are mainly individual; in children, diseases are often social inasmuch as they involve the family and the school, with deep effects on the environment of the child. For these reasons, the physician must act to prevent the disease rather than attempt treatment when it becomes evident. Therefore, paediatric otorhinolaryngology must be considered a discipline which is part of socio-biology, where information and prevention play a very important role”.

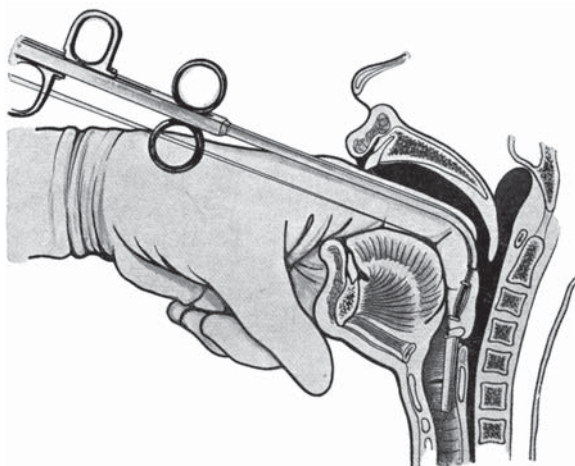


Fig. 1 a, b. In a): Laryngeal intubation technique. In b): The procedure is being performed by Dr. Josias in a small patient with diphtheria (Chicotot, Paris, Museo Assistenza Pubblica).

Prior to the birth of paediatric ORL, a vast amount of literature appeared on topics related to this discipline, published by general ORL physicians who, from their Departments, provided assistance as “consultants” in Paediatric Units. For example, we recall the report by A. Lemarié and H. Muler, in France, “*Otorhinolaryngologie infantile*”, in 1956 (Paris), and, in Italy, that of Piero Meda, *L’Otorinolaringologia pediatrica*, in 1963 (Milan). However, the development of the organised discipline, with departments for hospitalisation with specialists assigned, for this purpose, only occurred towards the end of the fifties.

The ORL paediatric Hospital, as such, first appeared in the East European countries: Poland, Czechoslovakia, Hungary, Bulgaria where even University Departments were created. In Poland, two famous names should not be forgotten: Danielewicz and his pupil Kossowska, active primarily in the sixties-seventies. This then spread to West European countries (Italy, France, England), as well as to North & South America, Japan, Australia. But a true explosion occurred with the First International Congress held in Sirmione, Italy, in 1977, very much wanted by Carlo Gatti Manacini (Fig. 2), Head of the Children’s Hospital in Brescia, Italy. In Italy, the first Division of Paediatric ORL was set up in Rome, in 1937, at the Bambin Gesù Hospital with Mario Silvagni (Fig. 3), initially Director and, from 1947 “*Primario di Ruolo*”, followed by Virgilio Pinelli, but the most outstanding figure in this branch of medicine was Carlo Gatti Manacini, with his extrovert nature, the friendly atmosphere that he aroused, his ability to imagine great things and to bring them to completion, to the amazement of all, thanks to the fact that he was a very gifted man, with an extraordinary character.



Fig. 2. Carlo Gatti Manacini, Head of the Department of Paediatric ORL at the Children’s Hospital in Brescia, Italy.



Fig. 3. Mario Silvagni, Head of the first Division of Paediatric ORL in Italy, inaugurated in 1937, at the Bambin Gesù Hospital in Rome, Italy.

Gatti Manacini organized the Congress in Sirmione with the help of two other great Italians: Giulio Pestalozza (Fig. 4) and Renato Fior (Fig. 5), the former, Head of the Paediatric ORL Division at the Vittore Buzzi Children’s Hospital,



Fig. 4. Giulio Pestalozza, Head of the Department of Paediatric ORL at the Children’s Hospital in Milan, Italy.



Fig. 5. Renato Fior, Head of the Department of Paediatric ORL at the Children's Hospital in Trieste, Italy.

in Milan, the latter, Head of this same branch of medicine at the Institute for Infants, in Trieste. Giulio Pestalozza provided his sound judgement and greatly contributed in his organizing capacity, Fior displayed his gifts of diplomacy and good humour; both men represented Italy with great prestige, thanks also to their perfect knowledge of foreign languages. Present at that Congress, which is remembered by all those who took part, as a typical expression of the Italian spontaneity, there were 400 participants from 42 different countries, representing 4 continents. To mention just a few of the famous names taking part were: Robert Pracy, Chief of the Sick Children's Hospital in London, Robert Ruben from New York, Sylvan Stool from Pittsburgh, the Australian Bruce Benjamin, as well as many others.

In Sirmione, two important decisions were taken:

- to organize the II International Paediatric ORL Congress, to be held in Bath, UK, 4 years later (which, in actual fact, however, was 5 years later), organized by Robert Pracy;
- launch an International Journal dedicated to Paediatric ORL, which first appeared, in 1979, with the Dutch Publishing Company Elsevier (publisher of *Excerpta Medica*), called *International Journal of Pediatric Otorhinolaryngology*. Pestalozza became Associated Editor together with Pracy, with Ruben Editor-in-Chief, and Fior a member of the Editorial Board.

It was in Trieste that the idea was launched of setting up a *European Working Group of Paediatric Otorhinolaryngology*, which was officially set up in 1979, with Fior being elected Permanent Secretary. The Group organized 5 International Congresses over the next few years and, in 1994, was transformed into the *European Society for Paediatric ORL*.

Other very important meetings followed the Sirmione Congress. A few are listed here:

- 1979, Warsaw (Kossowska & Goralovna);
- 1982, Bath (Pracy, Evans);
- 1984, Sèvres (Narcy);
- 1986, Eger (Hirschberg, Labas);
- 1987, Nijmegen (Cremers);
- 1988, Paris (Desnos);
- 1990, Ghent (Van Cauwenberge);
- 1992, Sirmione (Fior, Pestalozza);
- 1993, Jerusalem (Sadè);
- 1994, Rotterdam (Verwoerd, Verwoerd-Verhoef);
- 1995, Buenos Aires, I Latin-American Congress (Chinski);
- 1996, Siena (Passali);
- 1998, Helsinki (Karma);
- 2001, Graz (Stammberger);
- 2002, Oxford (Graham, Raine);
- 2004, Athens (Simasko & Nikolopoulos).

The next will be in Budapest, in 2008.

Following Sirmione, in Italy, Paediatric ORL Services multiplied, being set up at:

- Santobono, in Naples, with Marinelli & De Vita;
- Paediatric Hospital, in Bari, with De Nicola;
- Hospital Salesi, in Ancona, with Scoponi;
- Hospital for Infants, in Alessandria, with Caligaris;
- Gaslini Institute, in Genoa, with Rossi, Cremonesi & Taborelli.

There was no entirely Italian journal dedicated to Paediatric ORL: this gap was filled by Giovanni Motta who, in 1990, founded *L'Otorinolaringologia Pediatrica*.

Following this brilliant surge and a period of great splendour, paediatric ORL then began a period of decline, and not only in Italy. New health situations were being created which were the cause of a reverse situation of the discipline as far as concerns healthcare. First of all, the demographic problem: the decrease in the number of births led, in general, to a decrease in the flow of pathological conditions in the Infant Units. That was the era in which Paediatricians obtained the right to hospitalise, in their Departments, young patients up to the age of 18 years. The second reason concerns the reduction both in the number and severity of cases presenting with infantile inflammatory disorders, particularly of a chronic nature, as a result of better diet, use of antibiotics and vaccines, more hygienic living conditions, etc. The third point refers to the birth of other new branches of medicine which diverted from the paediatric ORL and general ORL areas groups of disease: Maxillo-facial surgery, Endoscopy and Audiology. Last but not least, a change in health policy was taking place based upon curbing expenditure, due to rising costs, which forced penalizing Disease-Related Groups (DRG).

Looking at the social-health panorama, however, we cannot ignore the fact that the early reasons which had led to the birth and development of paediatric ORL are still valid even to-day. The family and Society demand, for their children, health and well-being, both physical and psychological, which cannot develop other than in healthy surroundings with readily available well-trained professionals.

From a diagnostic viewpoint, those treating pathological ORL conditions, in infants, must have acquired experience in all the most up-to-date techniques, for example, those allowing exploration of the upper airways with thin flexible optic fibres and, likewise, the sophisticated diagnostic supports in the audiological field. It is worthwhile pointing out,

once again, the need to know the correct indication of the radiological and laboratory supports available in that vast and difficult chapter related to neck disorders.

From the treatment viewpoint, the paediatric ORL specialist is expected not only to know how to perform tonsillectomy, but also how to carry out surgery on the ear, to introduce cochlear implants, be familiar, in the difficult field of endoscopic surgery which, on a child's nose, is a particularly complex procedure, know how to adopt the resources of endoscopy in the treatment of laryngeal disorders, be familiar with neck surgery. In a nutshell, perform ORL for our small patients and not ORL of little importance. Without doubt, there are difficulties to be overcome, not, indeed, of a negligible nature, but if there are specialists willing, nothing is impossible.

In this regard, three needs should be met:

- the first, to have well-prepared health staff. Surgery on infants is almost always more complicated than in adults: for specialists to learn surgical techniques directly on their child patients should not even be contemplated. Training of the Specialist in Paediatric ORL should take place in the ORL Department reserved for

adults. To have fully qualified Specialists, it is necessary to maintain very close contacts between the Paediatric Unit and the Adult Unit and it is the duty of the Paediatrician, specialized in ORL, to return to the Adult Unit to follow patients in the event of any new diagnostic or surgical procedures requiring adequate training;

- the second, that the health authorities constantly bear in mind, the specific characteristics of the disorders and conditions occurring in infants in order to promote, in the large Paediatric Hospitals, the presence of Paediatric ORL services;
- the third, that between General Paediatrics, General ORL and Paediatric ORL, a feeling of collaboration and integration be created, in order to avoid the misunderstandings of the past which were based, above all, upon matters of petty competition rather than upon scientific evidence.

Reflecting upon the ground covered and the energy invested, one is tempted to say, in keeping with an old Italian saying “*Non buttiamo insieme all'acqua anche il bambino*” which might be interpreted as “Don't throw the baby out with the water”.

Selected Reading

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