Evolution of Paediatric Otorhinolaryngology

Paediatric Otorhinolaryngology is a specialty which uses both medical and surgical techniques in the treatment of children suffering from disorders of ear, nose and throat.

Rosen in his monograph "Specialisation in Medicine" describes two processes by which a speciality develops. One is segmentation in which an established speciality divides and the other is accretion where two fields merge. These are usually simultaneous processes. Thus, Paediatric Otorhinolaryngology (ORL) may be considered a segmentation of General ORL and a merging with Paediatrics.

The reason why this speciality has developed in the last thirty-five years, is that Otolaryngologists all over the world have realized that children do not react to the disease in the same way as an adult. It is fundamental to realize that a child is not just a "small adult", and that he is very different anatomically, physiologically and immunologically. Moreover, the rates of growth in different organ systems are different and vary with increasing age.

Socio-economic Reasons

Several medical and socioeconomic conditions influence the development
of a society. Some of them are general; such as growth of metropolitan cities which will provide centralised services in a speciality. Another is improvement in transport services which can bring the patient from surrounding areas.

**Children's Hospitals**

The most significant development in Paediatrics was the building of children's hospitals. It is primarily in these institutions that it has been appreciated that children have different medical and social needs. In addition most paediatricians are trained in these unique institutions and their patients require services of many paediatric specialists. The opportunity of both formal and informal encounters exists in such hospitals and this results in an exchange of ideas and information leading to development of new medical and surgical techniques which help to answer problems.

**History**

The first attempt to stimulate interest in otorhinolaryngological problems of children occurred in Poland in 1930. The pioneer in the field was Professor Jan Danielowicz of Warsaw. Many children with oesophageal stricture were referred to him and he rapidly came to appreciate that they did not react the same way as adults and that they have to be managed in a different way.

After the post Second World War crises, Professor Gatti Mancini of Brescia, Italy, worked hard to build up the speciality in Europe. He founded the European Working Group in Pediatric Otorhinolaryngology (EWGPO). For many years Renato Fior has been the energetic secretary of this group. In 1994, during the VIth and last International Congress of Pediatric Otorhinolaryngology under auspices of the Working Group, in Rotterdam-the Netherlands, the Working Group was substituted by the European Society of Pediatric Otorhinolaryngology (ESPO) under the first presidency of Carel Verwoerd. About the same time, Semour Cohen of Los Angeles and Charles Ferguson of Boston, both working in children's hospitals, can be considered early leaders and pioneers of pediatric otolaryngology in America.

The foundation of an interdisciplinary group was established in the USA under the presidency of Robert Ruben, named as Society of Ear, Nose and Throat Diseases Advances in Children (SENTAC). Subsequently, a study Group under the chairmanship of Charles Bluestone was made.

An initial meeting was then held in Bermuda in 1985 with the formation of the American society of Paediatric Otolaryngology (ASPO) and Seymour Cohen was its first president. This Group which enrols paediatric otorhinolaryngologists from the USA and abroad, has standardized resident and fellowship programmes at various centres for pediatric ORL.

The International Journal of Paediatric Otorhinolaryngology, with a ranking in the SCI Journal Citation Reports, is now being published as a quarterly. Really international, because the editor-in-chief is Robert Ruben from New York, the editorial board are from all over the world, the journal is edited in the Netherlands and printed in Ireland.

In our country, many otolaryngologists interested in paediatric problems in otolaryngology were invited to present their work at Gujarat State Conference of Association of Otolaryngologists of India which was held at Surat in 1982. This beginning was then followed by an interesting meeting wherein it was proposed to form the Association of Paediatric Otolaryngologists of India and its first national conference was held at Kolar, Bangalore in 1993.

**Plasticity of a Child**

The development of a child from the otolaryngologist's point of view reveals areas that are critical. The first of these would be the specific plasticity of the developing neonate. This plasticity is of greatest importance in the area of communicative disorders.

**Ability to Learn Language**

There appears to be a set time when the developing child is able to acquire language. Numerous studies have pointed out that this critical time is between birth and twelve years of life or even earlier. New studies have demonstrated that some impulse of hearing is already given prenatally. The unborn child seems to discriminate voices of mother and father, and even of different languages spoken. It is therefore important that congenital hearing impairment should be diagnosed as early as possible. If the diagnosis is