BRITISH MEDICAL JOURNAL

SATURDAY 17 FEBRUARY 1973

LEAD ARTICLES

PAPERS AND ORIGINALS

MEDICAL PRACTICE

NO. 5850 BRITISH MEDICAL JOURNAL 1973 VOLUME 1 369-432 ASTM CODEN: BMJOAE 1 (5850) 369-432 (1973)
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR TELEPHONE 01-387 4499 WEEKLY PRICE 42p

CORRESPONDENCE

Correspondents are asked to be brief

Radioimmunoassay Follow-up of Hydatidiform Mole

SIR,—I was interested in Sir John Stallworthy's statement (20 January, p. 170) that "to prevent choriocarcinoma from occurring is better than to diagnose and treat it early" and also in his suggestion for a prospective study of hysterectomy in the older patient with hydatidiform mole.

The proposition hinges on the effectiveness of "preventive" measures. Using both hysterectomy according to the criteria of Professor Tow and prophylactic chemotherapy, Singapore workers[1] have reported that fatalities were not eliminated, and there were four times more deaths in their prophylactic chemotherapy group than in their controls. In North America[2] actinomycin D, given at the time of evacuating mole, reduced the proportion of patients requiring subsequent chemotherapy from 20% to 8·3%, but our experience at this hospital suggests that many of these would have undergone spontaneous regression anyway. In our series of 280 patients with hydatidiform mole followed up by regular radioimmunoassay between 1963 and 1972 (to be reported later), there have been no fatalities to date and 16 (5·7%) aged 19 to 31 years required treatment. None had prophylactic chemotherapy and only a few had hysterectomy.

Routine hysterectomy avoids the need for repeated curettage in some patients and, on the basis of our own series, 100 hysterectomies would, at a guess, save perhaps two or three women from about three months' chemotherapy. On the other hand it has nothing to offer in terms of saving life and it does not eliminate the risk of choriocarcinoma, so that follow-up remains obligatory. But, because it may be recommended to the patient on the grounds that it prevents sequelae, it militates against good co-operation in follow-up. By excluding the presentation of choriocarcinoma with uterine haemorrhage, hysterectomy favours presentation with intracranial haemorrhage or other metastatic catastrophe.

I would agree with Sir John Stallworthy that hysterectomy has a valuable place in the management of some of these patients, but individual circumstances would seem to define this more precisely than broad categories. Prevention may be better than cure, but half-prevention is another story.—I am, etc.,

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1 Ratnam, S. S., Teoh, E. S., and Dawood, M. Y., *American Journal of Obstetrics and Gynecology*, 1971, 111, 1021.
2 Goldstein, D. P., *Journal of the American Medical Association*, 1972, 220, 209.

An Integrated Child Health Service

SIR,—Dr. F. N. Bamford and Professor J. A. Davis (*Supplement*, 20 January, p. 20) make important suggestions concerning our fragmented child health services, and I feel that this is an appropriate area for "management for health" as expounded by Mr. R. J. Maxwell (20 January, p. 160).

It would be impertinent for a general practitioner to set out management objectives for an integrated child health service, but the present troubles with the service stem from the lack of such objectives, failures of communication both within the service and with other workers concerned with children, and a lack of realistic decisions about training and the allocation of roles and resources.

Outpatient paediatric services deal with acute and chronic ill health, but it is the management of the latter which often appears inadequate. The chronically sick child has psychological and social problems and also causes these in his parents. The services of the local authority child guidance workers should be largely integrated with the hospital paediatric team. The asthmatic, the enuretic, and the crippled child and his parents have too often to make long journeys between different agencies which have poor communication with each other.

The subsection on "How can integration be achieved?" implies by its headings and content that doctors do all the work. Is this either true or a correct allocation of the resources of the health team? Routine developmental screening tests are certainly within the competence of health visitors trained in their use, and if carried out by them will improve their value as advisers to the young family. Preventive medicine implies education, so that school medical services, however modified, should have responsibility for ensuring that children receive education in family relationships and sex education.

Finally, the authors' recommendation of paediatric units in urban areas, offering emergency out-of-hours help, would lead to more fragmentation of services and records, more expense, and further anonymity of responsibility. The argument that such a service is necessary as "parents are often inhibited by their consideration for the doctor in calling him out of hours so dangerous delays can occur" does not pay sufficient attention to the psychology of such diffident