From the Editor’s Desk

AN EDICT FROM THE MOTHERLAND

From the first days of European settlement, our colonies were bombarded with bureaucratic edicts from the Motherland, until Federation and Australia’s emergence as a proud and independent nation put an end to our dependency.

But the Motherland’s long-lost role was recently revived in an editorial in *The Lancet* entitled *Australia: the politics of fear and neglect*. Short, simplistic and sensational, it proclaimed that Australia’s progressive and inclusive culture was burdened by a dark underbelly of political conservatism.

It further asserted that the Australian Government had effectively silenced dissent in the scientific community, and propagated a political view “that those who spoke up for indigenous health were simply ‘establishing politically and morally correct credentials’”. To top it off, the Prime Minister was portrayed as ruthlessly exploiting Australia’s strong undercurrent of political conservatism.

And *The Lancet’s* solution? Gratuitous advice to oust the conservatives at this year’s federal election and usher in a new era of “enlightenment” for Australian health and medical science!

Significantly, the editorial was silent on the concerted efforts of dedicated Australian researchers and doctors working to improve Indigenous health, and the fearless advocacy of this goal by various professional bodies and this Journal. Despite *The Lancet’s* assertion of “silenced” scientists, its editorial was strangely silent on the conservative government’s unprecedented investment in health and medical research.

Following *The Lancet’s* edict, a commentary in *The Australian* warned scientific and medical journals not to engage in politics and put their public standing, independence and integrity at risk. As long as there remain unresolved issues in the delivery of health care to all Australians, requiring political attention and action, the MJA will never heed this injunction.

But, in pursuit of this goal, the recent edict from London is hardly an example to emulate.


†*Cook M. Keep petty politics out of science.* *The Australian* 2007; 1 May: 12.

LETTERS

Finger fracture mitral valvuloplasty: a tribute to the pioneers of cardiac surgery
605 John S Murala, Hugh D Wolfenden, George S Youssef, Daniel Friedman

Ototoxic ear drops with grommet and tympanic membrane perforations: a position statement
605 Robert J Black, Vince C Cousins, Peter Chapman, Zoran Becvarovski, Harvey LC Coates, Stephen J O’Leary, Christopher F Perry, Brian J Williams

Health Informatics
Lessons from the NHS National Programme for IT
607 Siaw-Teng Liaw, Douglas I R Boyle

Should clinical software be regulated?
607 Ian D Williams
608 Enrico W Coiera

OBITUARIES

573 Victor Wynn, by John R Rigg
598 John William Ruhno, by Janet Rimmer

BOOK REVIEW

601 Essentials of child and adolescent psychiatry reviewed by David L Bennett

CORRECTION

606 Medicines and breastfeeding: information is available on safe use *(Med J Aust 2007; 186: 485)*

APRIL MJABOONCLUB WINNERS

Congratulations to Dr Olga Utkina, Hurstville, NSW, Dr Andrew Walker, Tugun, Qld, Dr Hope Huang, Castle Cove, NSW, and Dr Martin Byrne, Mitchell, Qld, all of whom have won the MJA BookClub April prize of a paediatric cotton cuff sphygmomanometer set. Thanks to all the doctors, students and general health care professionals who purchased books from the April MJA BookClub and went into the draw. Pictured far right is Chris Gosling, the AMPCo Publications Coordinator, drawing the winners.

To see this month’s MJA BookClub’s great prize giveaway, see page 590 and the inside back cover of this issue.

Dr Olga Utkina Dr Andrew Walker

Cover: Cardiac valve surgery. Courtesy Dr G Shardey, Cardiothoracic Surgeon, Cabrini Medical Centre, Vic.
Finger fracture mitral valvuloplasty: a tribute to the pioneers of cardiac surgery
John S Murala, Hugh D Wolfenden, George S Youssef and Daniel Friedman

To the Editor: We report an exceptional case of a woman who underwent emergency “finger fracture valvuloplasty” (FFV) in 1954 to treat rheumatic mitral stenosis and required no further surgical intervention for 51 years.

The woman presented in 1954 with pulmonary oedema due to mitral stenosis during the first trimester of her second pregnancy. She underwent FFV at Lewisham Hospital in Sydney. She had a prolonged convalescent period, was discharged after 5 months, and delivered a healthy child. She was one of two pregnant patients reported in the Medical Journal of Australia by Hall and Windsor.

She remained well and active until 2005, when she presented with New York Heart Association Class III symptoms of dyspnoea on exertion, and ultimately underwent coronary artery bypass and open heart surgery in 1954. Two survivors, one of Soutter’s and one of Cutler’s. The procedure was subsequently refined in 1923, Cutler and associates from Boston operated on seven patients using a cardiovalvulotome (through the left ventricle) and, in the same year, Duff and Evarts from Philadelphia used a cardioscope (through the left atrium) on one patient. In 1925, Soutter from London and Prichard from Germany used a “finger fracture method” and a valvulotome, respectively, on one patient each. However, of the 10 patients, only two survived, one of Soutter’s and one of Cutler’s. The procedure was subsequently successfully revived in 1948 by Harken in Boston, Bailey in Philadelphia, Blalock in Baltimore, Brock in London, and others, who performed various procedures including valvuloplasty and commissurotomy.

There are few successful case reports of FFV in pregnancy. In the United Kingdom, Brock reported three, Logan and Turner, six, and Marshall and Pantridge, 18. Hall and Windsor in Sydney performed FFV in two of seven pregnant women who were being considered for FFV, including our patient. One of the other five, who were managed conservatively, died.

In 1963, Windsor said, “Eleven years’ experience in the surgery of the mitral valve has brought with it a great respect for the ability of the mitral commissures to resist finger, knife and dilator”. He reported follow-up of 90 patients who underwent FFV. No more than 40 patients (45%) obtained good results. Sixteen patients in this group have since been reoperated upon by the more effective transventricular route using a mechanical expanding dilator.

It should be noted that mitral stenosis in young women is rarely accompanied by calcification, and this may allow a more complete and successful valvuloplasty. All the procedures mentioned above occurred before the development of cardiopulmonary bypass and open heart surgery in 1954.

Early pioneers in surgery faced many challenges and disappointments, as well as condemnation, criticism and ridicule from colleagues. Some, like Souther and Bailey (the latter nicknamed the “butcher of Hahnemann Hospital [Philadelphia]” after his first four FFV patients died) lost their practices.

We would like to pay homage to all surgical pioneers and conclude with a comment from Harken: “He who would not learn from the past is condemned to relive it”.

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Ototoxic ear drops with grommet and tympanic membrane perforations: a position statement
Robert J Black, Vinc C Cousins, Peter Chapman, Zoran Becvarovski, Harvey LC Coates, Stephen J O’Leary, Christopher F Perry and Brian J Williams

To the Editor: Systemic ototoxicity secondary to the use of aminoglycosides is well known in clinical medicine, and appropriate monitoring measures to prevent vestibulocochlear ototoxicity are routinely performed. Less well known is the potential for topical ear drops, particularly the aminoglycoside group, to cause both vestibular and cochlear damage when introduced through a patent grommet or tympanic membrane perforation for the treatment of infection.

Although the incidence of aminoglycoside ototoxicity with ear drops is uncommon (for cochlear toxicity, in the order of one in 10,000 patients treated), individual susceptibility and patient compliance problems may lead to inner ear damage.

Concerns with the potential ototoxicity of aminoglycoside ear drops has led to American, British and Canadian expert committees providing guidelines on the use of potentially ototoxic ear drops in patients with tympanic membrane perforations or patent grommets. The Consensus Panel of the Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS) unanimously agreed on the recommendations shown in the Box, which are based on the American guidelines.

Broadly speaking, the Consensus Panel recommends avoiding the use of ototoxic ear drops in patients with perforated tympanic membranes where possible.

The Australian National Aboriginal Community Controlled Health Organisation study showed that the non-ototoxic fluoroquinolone drops were more effective than commonly used ototoxic ear drops. An application to the Therapeutic Goods Administration for introduction of cipro-
floxacin drops to the ear has recently been approved, and has been placed on the Pharmaceutical Benefits Scheme as an authority prescription for Aboriginal and Torres Strait Islander children with chronic suppurative otitis media as of February 2007.

However, clinical circumstance may dictate that potentially ototoxic agents need to be used if culture/sensitivity testing suggests that fluoroquinolone drops would not be appropriate, are unavailable, or if previous treatment with fluoroquinolone ear drops failed.

The Consensus Panel did not believe routine auditory/vestibular monitoring was warranted by the risks of ototoxicity, provided the treatment was short (5–10 days).

The full document outlining the Consensus Panel’s recommendations is available from ASOHNS.

Competing interests: Zoran Becvarovski, Harvey Coates and Christopher Perry received honoraria for attendance at scientific meetings sponsored by Alcon Laboratories, which manufactures ciprofloxacin ear drops.

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