JIAPS- A welcome Change

It was heartening to receive the new issue of our Journal of Indian Association of Paediatric surgery. The change was evident right from the cover page. The colours were vibrant and vivacious. The quality of the pages, the printing fonts chosen and reproduction of the black and white, and the colour photographs were praiseworthy. Needless to say the first look was enticing and then the subsequent reading was enriching. I must congratulate Dr. Devendra Gupta and the entire editorial team for not only giving a much-desired facelift but also eventually metamorphosing an embryo into a boisterous and babbling infant. The journal has been around for over a decade and is thus standing at the threshold of adolescence. I have always felt that in India we have abundant clinical data and innovation and original thinking are also present. This journal will give an opening to voice the views and explore the vistas and strengthen the bonds.

Just a few years ago, we witnessed a debate in our newsletter – ‘Is Paediatric Surgery a Living or Dying Speciality?’ I think in today’s context the question is truly uncalled for. I have been in this faculty for the last five decades and have really seen the growth of the faculty from a meagre acorn to a mighty oak. The faculty is now diversifying into subspecialities like – Neonatal surgery, Minimal access surgery, Paediatric Oncology, and Paediatric Urology to name a few. Genetics and its application to surgical therapeutics are yet at an experimental phase but I am sure that what is being toyed with at the laboratory desk today will convert itself into a bedside technique tomorrow. The stems of research seem to promise that nanomedicine will have a major role in the subsequent years. What is true in our branch is also evident in allied and applied branches of anaesthesiology and radiology. Knowledge is thus expanding and its acquisition is a perennial process. One lifetime would prove to be inadequate to acquire it sufficiently. With rapid and revolutionary advances in the field of medical sciences, the importance of such scientific journals is reconfirmed. The journal would help us to stay in the mainstream and update our knowledge periodically. What is peculiar about India may not be true in the rest of the world. The case load that we get to see, the scarcity of infrastructure and the unequal distribution of health care facility may make a paediatric surgeon practising in a remote area feel inadequate and detached from the mainstream. A journal like this would be his handy companion. It is in this context that the journal is specifically devoted to the problems of Indian Paediatric surgeons. There should be an additional open forum of questions from paediatric surgeons. The reader should thus ‘Meet The Professor’ through this journal.

Having been actively involved with patient care in paediatric surgery and trying to correct the deficiencies, defects and disabilities, I feel it is time now to look at the preventive aspect of congenital defects. Earlier on when paediatric surgery established itself as a separate branch born of necessity, we all were involved in repairing the defects after birth. Early detection and early intervention were two important aspects. Later in order to diminish the effects of the malformations like posterior urethral valves, hydrocephalus, PUJ obstructions and diaphragmatic hernia, we started looking at intrauterine intervention. A time came when we advised termination of pregnancy for defects like spina bifida, rachisis, severe hydrocephalus, etc. These are certain advances to improve the quality of life of the unfortunate who may have life threatening defects. However, there has not been much success in such attempts as intrauterine surgery can only be done where such facilities are available and they are very expensive. Second, there is still doubt about the success rate as far as the future outcome is concerned. It is therefore necessary that apart from correcting the defects, the senior paediatric surgeons of first generation or second generation should concentrate their efforts to prevent such anomalies. Folic acid is being advised to the mothers in the first trimester as deficiency of folic acid leads to defects like spina bifida. However, the pattern of the foetus is decided in the first 28 days and hence folic acid has to be instituted from the time of planning the pregnancy. Similarly, Dr. Doraiswamy’s invention of hypoglycaemia leading to congenital malformations also needs to be looked at carefully. The timing of the development of kidney, ureter, and bladder would tell us that bladder develops 39 days after fertilization while kidneys develop in the fifth week after fertilization, the ureter in the sixth week, and penile urethra at the end of the third month. As paediatric surgeons, we try and offer various surgical procedures for abnormalities like hypospadius, epispadius, extrrophy complex, urethral obstructions, etc. However, we could also take up a project of understanding what went wrong with the mother during the developmental period, which led to the formation of the abnormalities. It is also necessary for us to understand the
psychological impact of various surgical procedures on neonates and infants. Hence, another database could be created to study these infants and children from the psychologists’ point of view. These are some thoughts on the future of paediatric surgery as is the need of the hour: ‘To see a world in a grain of sand and heaven in a wild flower. Hold infinity in the palm of your hand and eternity in an hour’. Thus, as I conclude my editorial I am reminded of an illustrative title of an article that had been published in the Journal of Paediatric Surgery, in the early 1990s. This was about the treatment of ARM and the title was: ‘The bathwater needs changing, but don’t throw the baby out’. I think the title sends the appropriate message to the new editorial team to improve the contours and the content but not to forget the Indian context.

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