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Peter Jones Memorial Oration

by Dr Rosslyn Walker

"Omnia mutantur, nos et mutamur in illis----All things change and we change with them ". This observation of Lothair, 9th century Holy Roman Emperor gave me a title for the 2010 Peter Jones Memorial Lecture. There are, no doubt, a number of readers of today's newsletter who never knew Peter Griffith Jones (26th September 1922 -15th March 1995)---73 years of achievements recognised internationally in Paediatric Surgery. One of the first to earn a Royal Australasian College Fellowship in Paediatric Surgery in 1957, he became foundation President of AAPS in 1979. His interest in Heraldry led him to design our insignia for AAPS, now ANZAPS.

Deliberating on Peter's great contribution to Paediatric Surgery, my thoughts turned to the differences in our practice, from the peak of his career to our current trends. In the lecture (only in précis here), I focussed on some clinical entities in which Peter Jones was especially interested to highlight such changes. I first met him at PAPS 1977 in Sydney. In a session he chaired on biliary atresia."operable" cases were discussed from 1968 – 1977. Kasai had achieved success in 40 patients out of 159 --a vast improvement from a previous 28% 1964 to 59% at 1977. We have progressed to liver transplants with the first Australian paediatric recipient in Brisbane in March 1985. To 2009, there have been 550 paediatric liver transplant recipients in Australia ,(mostly for biliary atresia) The Brisbane cutdown technique facilitated live related donor transplants (31)as well as split grafts for paediatric recipients (303 with a 95% 1 year and overall 70% 5year survival)

Peter Jones and abdominal wall defects
Antenatal diagnosis has facilitated in-utero transfer, and delivery on-site for immediate treatment, so management has significantly changed. The "ward reduction technique" for gastroschisis is well established in some centres, with good results. Peter wisely recognised that eschar formation, gradual epithelialisation and delayed operative closure were safe, and the infant could survive. Eschar is less commonly seen with newer dressings which allow healing in a moist environment. In 1967, Peter cited the introduction of Silastic and Teflon patches for staged closure-- still in use, with newer biological patches, intraperitoneal tissue expanders and negative pressure dressings as additional options. Peter, used external pneumatic compression in 1967, refined and modified as improved prosthetic materials became available, until in 1989, he and Russell Taylor were able to report its use in 10 cases.

Peter Jones and Undescended Testes
The 1970 text-book Peter Jones published for the 100th anniversary of Royal Children's Hospital, suggested surgery for undescended testes would be offered at 4 – 6 years of age with a short hospital stay of 7 days. The turning point towards much earlier operative intervention in Australasia came after a 1984 symposium in Perth, when Faruk Hadziselimovic and Professor Eric Fonkalsrud, stimulated much discussion early operation age for undescended testes, but our practice did change.

Peter Jones and Childhood Malignancy
Tumours of Infancy and Childhood 1976. recognised a team approach to the care of malignant disease had become vitally important and stated that the final chapter in the treatment of Wilms tumour has yet to be written. With survival figures then approaching 90% for two years with Chemotherapy, now in international studies around 98% for Stage 1 Nephroblastoma, 70% for lymphoma and in other solid tumours with localised disease, 70%.

Peter Jones and Pyloric Stenosis
Peter recognised the importance of meticulous history-taking and thorough clinical examination and Clinical Paediatric Surgery described in detail the symptoms and the signs of pyloric stenosis. The changes were noted from clinical diagnosis alone to an ultrasound study as the ultimate refinement to confirm clinical diagnosis before operation, which has also changed to minimally invasive techniques. Recovery of the patient post-operatively is little different but overall good cosmetic results are a major consideration.

Diaphragmatic hernia management (but perhaps not outcome) has changed significantly. Nowadays, there is no scramble to the operating room as soon as the baby is delivered. We are generally presented with ultrasound and MR studies of a diaphragmatic hernia in utero before antenatal counselling, and it is now accepted management to delay operation to ensure haemodynamic and respiratory stability before surgical correction is considered. The vital factors quoted by Peter Jones in the 1970's – degree of development lungs, effectiveness of pulmonary function, and presence of progressive pulmonary disease-- still determine the outcome of care.

Peter Jones , Education and the R.A.C.S.: There have been representatives of our smallest specialty group within the College consistently on the Council since 1959—including Peter Jones 1987 – 1994. Paediatric Surgery was one of the first College specialties to develop a list of competencies and educational goals-- a big change from years ago, when one would just get a job as a registrar with virtually no selection process, and then apply to sit the examinations. Today's very structured evaluation and selection from a pool of applicants for training, and the pathway to completion of qualification is much better defined. When considering Peter Jones' practical examples in education and training—he showed us that the process of diagnosis is both an art and a science-- I reflect at this point on a perception that there is a decline of clinical contact becoming evident in medical practice --, diagnostic "shortcuts" such as ultrasound studies . Even if technical abilities reach the College's required competencies for hand skills, a failure to develop during training and to maintain forever the cognitive and intuitive skills of history and examination, will not make a really fine surgeon

I have alluded to but a few areas of change in Paediatric Surgery since the time of Peter Jones where we have changed too. Recalling last year Charles Darwin's observations of change over time in the natural world around us, it is pertinent, that we regard the change in surgical knowledge and practice as dynamic an entity as the evolution of species. The changes in healthcare and society that affect our specialty draw us along with them. We can resist or delay some changes, and I feel that Peter Jones would encourage us to evaluate such changes and decide which we should graciously accept and which we should seek to modify. In our role as advocates for children let us draw on fine examples set by people such as Peter Griffith Jones and ensure our evolution continues within the best parameters.