

Introduction

Although subglottic stenosis as a complication of neonatal tracheal intubation is relatively uncommon, the impact of each individual case is considerable. A baby with this complication may become a child with a tracheotomy. This child's family enters a long tunnel of fear and apprehension, mixed with episodes of panic, isolation, militancy and despair. Nurses in and out of hospital are faced with an unfamiliar and frightening technical exercise at a time when they need to provide confident reassurance and support. Neonatologists have the constant reminder of a long-term complication of their treatment. ENT surgeons have a technical problem on their hands that is particularly resistant to treatment, needing repeated operations to reach the successive goals of speech and normal respiration. Anaesthetists are offered the same veinless baby with inefficient lungs time after time, taxing their patience and ingenuity. Speech therapists see a child with distorted phonation that tends to fluctuate, sometimes needing to be supplemented by sign language.

Seldom can a small being provide such large problems for so many people for so long a period of time. Separately, these problems find their way into the various specialist conferences attended by surgeons, neonatologists, anaesthetists, nurses, speech therapists and even the parents of affected children. It is less usual, however, to find the many facets of children with subglottic stenosis discussed at a single meeting. The idea of such a conference arose from a series of informal meetings held at the Royal Society of Medicine during 1985 and 1986, between ENT surgeons in the U.K. who found themselves responsible for these babies and felt that they needed help. In 1986 I approached Duphar Medical Relations to suggest a multidisciplinary symposium.

As a first step it seemed sensible to arrange a national meeting to find out how these children are managed. The format of the meeting, with a small number of invited speakers and a few equally experienced colleagues to contribute to discussion, was planned to give a

sample of current practice in the U.K. We hoped that at a future time a larger and longer meeting could both draw from a wider range of experience in the U.K. and compare this with a selection of views from abroad.

The meeting started with a pathological description to establish a clear picture of the nature of subglottic stenosis; it then continued with contributions and discussion from neonatologists, anaesthetists, a specialist surgeon, and a paper from a voice seldom heard at medical meetings—that of a parent.

Dr Jacquie Malkin of Duphar Medical Relations deserves most of the credit for setting up the meeting in the august surroundings of the Royal Society, London, for tirelessly rounding up those who were to attend and for obtaining their manuscripts in a very short time. We are also most grateful to Duphar for kindly agreeing to cover the cost of this supplement and to the Editor of *The Journal of Laryngology and Otology* for publishing it.

There is one more observation that must be made about this meeting. The date 17th October, 1987, may ring a bell with British readers.

We awoke rather early that morning to find that London had been the scene of the "October hurricane". There was no power, few telephones, little public transport and road travel was hazardous. It says much for the *sang-froid* of the speakers, the steady nerve of Dr Malkin's team and the helpfulness of the Royal Society staff that the meeting began on time and continued as planned. There was one concession to the weather: because public transport was still in an uncertain state that evening, it was decided to bring the meeting to a close a little earlier than had been planned. This meant that after some of the afternoon's papers there was no time for discussion. In the proceedings that follow, this unavoidable omission applies to the last three papers; it certainly underlines the need for a longer and more leisurely meeting in the future with, it is to be hoped, better weather.

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