

evidence to suggest that paraldehyde can control seizures when other anticonvulsants have failed.²

References

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Sir,

We read Dr Choonara's annotation with interest.¹ Despite a thorough search we have been unable to find any reports of hard data on the acceptability of the rectal route for giving drugs to children, although much has been written on the subject. In 1986 therefore we asked the mothers of 193 children (mean age 51.7 months) who were attending the general and surgical paediatric clinics at the University Hospital of Wales or Caerphilly District Miners' Hospital for their views on temperature-taking and medication per rectum. Only five of 55 mothers who regularly recorded their children's temperatures used the rectal route. On the other hand, 15% of the mothers had already given drugs rectally, and altogether 76% professed willingness to use the rectal route should this, for example, obviate a convulsion.

We believe that if they were given proper explanations of the benefits and a clear demonstration of how to do it, most mothers would comply as well with giving drugs rectally as with giving them orally.

Reference

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The disability of short stature

Sir,

The degree of psychosocial adjustment that has to be made in adult life by patients with growth hormone deficiency has been poorly studied. In a recent paper,¹ we reported our experience in the study of the marital, social, and vocational state of 75 such adults (mean age 28 years; 59 men, 16 women) who had been admitted to our clinics

between 1963 and 1980. They had all received long term growth hormone replacement, and 56 patients had presented with multiple pituitary defects that were corrected as appropriate. The final mean (SD) height of the men was 153.5 (3.0) cm and of the women 147.0 (4.0) cm.

Among employable patients (over the age of 21) we found a high (43%) percentage were unemployed or in part time work. The rate of employment was significantly lower than that of their parents or siblings, and of the general population. The distribution of the employed subjects in occupational categories was similar to that of the general population.

Among patients over the age of 21, only 2% were married, and 84% lived with their parents or relatives, confirming the supposition of prolonged economical dependency on the family. Subjects who were working also lived with their families, further illustrating the social isolation of these patients. Similar findings have been reported by Dean *et al* in Canadian adults with growth hormone deficiency.²

A small percentage of the entire group were living in voluntary communities. This tendency to avoid or limit social integration was also confirmed by their preference for single sporting activities that avoid team work.

Surprisingly, scholastic achievement was similar to those of their parents, or siblings, and to that of the general population. In our sample, 5% were university students or had already completed their university studies, compared with 4% of those reported by Dean *et al*² and 32% reported by Galatzer *et al*.³ No difference in the social outcome was observed between men and women or between patients with isolated growth hormone deficiency and those with multiple hypophysiotropic defects.

In conclusion, our results emphasise still further the need to develop and ameliorate the psychosocial support in the routine long term treatment of hypopituitarism. This aspect must be carefully considered in view of the future unlimited supply of biosynthetic growth hormone products.

References

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