



Newsletter

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This Newsletter is circulated through the internet, and through all WOC Regional Secretaries in the hope that they will be able to download and distribute it to those "concerned" who may not be connected through the "Net." It is addressed to all interested in orthopaedic surgery, particularly those who work in areas of the world with great need, and very limited resources.

There have been many reports from the Earthquake-ridden mountain kingdom (as it used to be), dating back in modern orthopaedic terms to visits by **David Jones** and **Robert Owen**, from Wales. For six years following 1995, surgical camps were organized in Nepalgunj, in the district hospital staffed by **Dr Vinod Thappa** on his own. David Jones, John Fixsen, Mike Laurence and Jamie Evans were regular visitors there, and to other provincial towns. Trainees from Katmandu often accompanied us. Political upheavals lead to a temporary cessation of these camps, in 2002.

A new message comes from **Kathmandu and Chitwan (Nepal)** in the name of **Professor Rohan Rajan**. (Derby Royal Infirmary). <sarah.barnes@nhs.net>

"Neverest Orthopaedics" is a charitable trust set up by myself and James Metcalfe in 2013 with the specific aim of teaching Orthopaedics in Nepal. This was our third

visit to Nepal in as many years. Each year we bring with us a great deal of surgical equipment and a team of up to 10 orthopaedic surgeons, and ancillary back-up staff. We began this year with an arranged visit to an orphanage which the Charity has adopted, to care for the many needs of children orphaned by the Earthquake.

“We visit several orphanages and disabled schools and have established strong friendships with two hospitals in Chitwan; - the Chitwan Medical College and Government Hospital, and three hospitals in or about Kathmandu – the Nepal Medical College, Nepal Orthopaedic Hospital (NOH) and the BIR Government Hospital (- the oldest in Nepal, founded 150 years ago).

“This year we taught in clinics and operating theatres in Chitwan Medical College and brought 12 battery operated hand held power tools with saw blades and drill bits, and large and small fragment sets for bone fixation. We devoted a whole day to lectures, a dry bone workshop on peri-articular fracture fixation and Ponseti equipment for CTEV.

“We planned to examine children with limb disabilities, and arranged for them to attend the next day for x-rays. However, the city transportation -- on overcrowded buses that would challenge an athletic adult -- was too much for these children. On the roofs of these vehicles there are no hand-holds!!

“We feel that Nepal is caught in the iron grip of India, which should loosen what appears to be a logistical “blockade”. It is heart-breaking to see the overcrowded buses and lorries with people hanging on precariously. Currently we are treating the results of the initial earthquake, performing definitive reconstruction on cases on which surgery has become necessary as a result of neglected or incomplete fracture treatment. In some cases “ex-fix” frames had been applied five months ago in an emergency situation, without follow-up supervision (ex-fixers are often

never seen again..)

“The reasons are complex, in part due to grossly inadequate medical facilities, in part to the overwhelming numbers of patients who cannot even make their way to hospitals for the definitive treatment. The results are mal-union, non-union, chronic dislocation and infection.

“Constant electrical failures, even in operating theatres, make intra-operative imaging impossible. Much of this chaos is blamed on the fuel embargo imposed on the border between Nepal and India – a man-made catastrophe – with no justification in regard to the price of fuel. A country previously able to feed itself, now cannot move the produce of its disrupted agriculture. City dwellers are now running out of fresh food; and cooking gas is in short supply.

“Our surgical visit was accompanied by the Mayor of the City of Derby who was, like so many in his home country, deeply moved by the tragedy, But close communication with his opposite number, the Mayor of Kathmandu (who made us very welcome) has failed to find a way through these fundamental obstructions.

“On the last day when most of the team had left, I was invited to attend, as an observer, the Clinical part of the final Masters Exam in Orthopaedics. I was very impressed at the standard of the Examination, held in the National Academy of Medical Sciences at the New Trauma Centre at the BIR. Both the Mayor of Derby and I appeared on ABC television “News” to highlight our visit and the fuel problem, which I described as “a second earthquake.”

“The highlight of our visit was our unanimous decision for Neverest Orthopaedics to sponsor one small orphanage, caring for girls, aged between 3 & 6, orphaned by the Earthquake. It has been decided to pay for their education to the age of 16.

(Professor Rohan A Rajan. Orthopaedic Consultant, Royal Derby Hospital.)

Professor Ashok Johari has added the following quotation from the SICOT Meeting, in Guangzhou:-

“The problems consequent to the Kathmandu earthquake were discussed at the meeting of the Asia-Pacific Council of SICOT at their 36th Annual meeting in September 2015. More and wider problems were aired and, taken into the context of the global problems, the AO Alliance Foundation Fellowship for Low Income Countries, found themselves unable to resolve all the complicated problems. In order to sponsor a Regional/International faculty the AOA, a partnership with the APC, will supervise young orthopaedic trainees, guide the local faculties and assist the hospital services in the Kathmandu Valley.

This is to be a sort of reverse Fellowship program by staying at the host hospitals for up to three months. But structured organisation cannot overcome the humanitarian tragedy; nor can charitable donation solve it either. It is essential that a fractured society has to become busy, to rebuild and reconstruct itself, with as much help as it requests.

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Among the important papers presented at Liverpool (**BOA. September 2015**) **Geoffrey Walker** gave an appreciation of the life on one of the original founding fathers of WOC. **Ronald Huckstep, FRCS CMG**, continued to inspire a generation of young Orthopaedic surgeons in the problems that beset the world's ill-provided, ill-equipped and impoverished people.

The death of **Ron Huckstep** was announced in this Newsletter, issue No 168, immediately after his death on April 10th. Geoffrey presented the following biography:-

“Ron was born in China in 1926; where his parents were teachers. As ex-pat. Brits. they were interned at the beginning of the war and spent the duration in a prison camp near Shanghai. His teen-age education was perforce unorthodox, but fortunate in that he was taught by a fellow prisoner, a missionary physician, on the elements of science and humanities which influenced the rest of his life.

“After the war he was interviewed and accepted at Cambridge University and then the Middlesex Hospital Medical School, London. Soon after qualification he expressed his interest in the medicine of the more remote parts of the world. He was in Kenya in 1950, involved in the management of 1300 patients with typhoid fever in a prison camp. Nothing escaped his intense curiosity; and everything he saw he recorded. Most of what he observed he wrote about in many publications designed to help doctors with a similar sense of adventure. In 1959 his Kenyan experience was the subject of a Hunterian Professorship; and he later wrote a textbook on the subject.

“After fellowship of the English College of Surgeons, he was trained at Barts. and the RNOH, where Professor Seddon encouraged him to apply to Makerere Medical School in Kampala. There he confronted another epidemic, this time of Polio. His work on uneven paralysis and contractures were the subjects of many lectures, demonstrations and publications, and the Humanitarian Award of Orthopaedics Overseas (O O -- the US branch of WOC) which he regularly repeated in America, as an Instructional Course lecture on “Third World Orthopaedics”.

“But Ron never passively accepted the circumstances of under-resourced orthopaedics. From an early date he made modifications to intra-medullary nails to overcome the intrinsic weakness of that device in regard to rotatory forces. These he designed (but never patented), adapting the concept for “revision surgery” following implant failure.

“He retired from surgical practice in 1993, but never from the international scene of under-resourced training in Orthopaedics.. Everything he did related to the practicalities of African surgeons, addressing the needs of impoverished parts of the world. And everything he wrote he transcribed into paperback pamphlets, to be downloaded or copied, free of charge. These remain his legacy for all to benefit from. His last decades were spent as professor of T & O , in Sydney NSW, exercising the influence of his experience through the islands to the North of Australia.

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On the unanimous recommendation of the Council of the British Orthopaedic Association, the President, **Professor Colin Howie**. Is honoured to award **Geoffrey Walker**, the Presidential Merit Award in recognition of his outstanding service to Orthopaedics.

Council paid tribute to Mr Walker’s development of Orthopaedic Service provision in less developed countries. His most outstanding contribution was the development and support for Orthopaedic training in Ethiopia via WOC’s ongoing link with the Black Lion Hospital in Addis Ababa. (Signed Colin Howie, President, BOA. September 2015.)

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FLYSPEC

Flyspec Annual Report. **John Jellis** writes about the past year with Flyspec, based at Lusaka. The bare statistics of surgical procedures are as follows:-

Plastic & Reconstructive Surgery	248
<u>Orthopaedic Surgery</u>	<u>456</u>

Gynaecology (fistula surgery) (a couple)

Government Hospitals visited : 8

Mission Hospitals visited: 8

(total flying time: 106 hrs 20 mins

distance covered:- 13,287 nm

These bald figures give little impression of the unique value of this facility, dependant as it does on the piloting skill and the maintenance of the vehicle - entirely in John's hands. As has been shown (above, page 2 of the issue) much of the provision of Orthopaedic care depends on the ability of the patient to get to the surgeon. That is completely circumvented by Flyspec. Zambia is particularly well suited to this service, provided essentially by John who flies colleagues in reconstructive surgery to remote airfields. It will be hard to copy in other parts of the world . . .

(M. Laurence)