

SEARCHING FOR NEW HORIZONS

To search for new horizons, it is imperative to identify and define the old ones.

When I joined WOC, Mr. Geoffrey Walker was the Secretary. He used to bring out a regular WOC Newsletter with some eminent reading and all the news from the WOC regional centers. It carried original articles by J N Wilson and R L Huckstep. He was succeeded by J N Wilson and it was during that time that Prof T K Shanmugasundaram took over as the Indian head.

At that time the agenda before the WOC was

1. Imparting training to underdeveloped African and South east Asian countries in developing orthopaedic programs.

I was the first WOC visiting professor to Hasanuddin University Institute of Medical Sciences to help in their PG course development. Dr Ashoke SenGupta , an eminent and senior Orthopaedic surgeon of Kolkata lost his life in a Silk Air crash while on a similar mission

2. Procure and provide instruments and implants to such countries
3. Development of low cost rehabilitation aids

It was to this end that the Appropriate Rural Health Technology Active Group (ARHTAG) was formed in UK. I know about this because my chief, Dr PK Sethi was very enthusiastic about this. One person who I believe was actively associated with this was Prof R L Huckstep from Uganda. Dr Huckstep had been active among the polio afflicted in Uganda for many years and this finds expression in his book on Poliomyelitis. In his video on YouTube he talks about the 5000 patients he treated of a total of about 80,000 in Uganda and More than a million in the neighboring African countries.

Why I am quoting all this is because TODAY if you search Google, there is no result for ARHTAG, and Wikipedia has no page on Dr R L Huckstep. It is improbable that that vast population of the polio afflicted is all taken care of and rehabilitated but somewhere down the line polio became irrelevant in deference to HIV and Ebola.

The emphasis in Appropriate Technology shifted away from rural health leaving only emergency medicine, maternity welfare and mental health in the rural ambit.

When we search for new horizons, the first step is to establish our priorities, what is needed, not what we imagine is needed, what can be done not what we want done and how we can do it with what is available not what we can make available.

Even more so we need to define the geographic areas which need us and not where we want to go

Without the newsletter we have become compartmentalized to our own regions and relatively oblivious to the need and gains of the other regions. We need to correct this and become what we started out as, a World Orthopaedic Concern.

Dr. P K Sethi once wrote we have been so bewitched by some of the so-called high technology in the western medical world that we are losing sight of the problems, which really ought to be of concern, and which are very different from those encountered in affluent western societies. This is making us increasingly irrelevant to the needs of our masses.

One needs to recall the exemplary work of Paul Brand and Dr Kini, of **Dr N H Antia** and Dr Mary Verghese in applying themselves to the problems of the large majority and treating them in their milieu, instead of expecting them to translocate.

There is need to conduct epidemiological studies on the changing patterns of disease in the rural and semi-urban areas, and how they can be better addressed in their prevalent milieu. Examples in point are osteomyelitis, osteoarticular tuberculosis. Management concepts of Perthes and DDH have so radically changed that it is now imperative that they should be suspected and diagnosed early. Polio is far from eradicated and often missed under this pretense.

WOC can involve with these issues. How and at what level will need to be worked out.

Two things which I personally feel need clinical attention are post pregnancy bilateral AVN hip and implant infection and failure in internally fixed fractures. The latter are now being increasingly done and often unjustifiably in suboptimal conditions in rural and semi-urban settings with scant respect for asepsis.

WOC could formulate standards for these and infuse a system of checking and ensuring compliance.

Most of us are either indulging in operative fixations of fractures, internal or external, joint replacement surgery, arthroscopic surgery or Illizarov methods, for limb lengthening, corrections of deformities and bone transport — or at least dreaming about them. There is no denying that these procedures have provided us vastly improved methods of treatment in properly selected cases in well-equipped hospitals in our large metropolitan towns by experienced surgeons. But Bombay, Calcutta, Madras and Delhi do not represent the Indian reality. A rat race has started among us to ape them, with everyone vying to acquire a superstar status. They also want a piece of the proverbial pie

I feel we need to change gears and address ourselves to our common problems and find solutions which can be achieved with our limited resources.

In the words of Maurice King, author of Oxford Textbook of Medicine, we need to:

“Care for all men”

“Create a judicious health service delivery system”

“Teach”

“Delegate”

“Apply the most cost-effective technologies”

“Go widely rather than deeply”

“Make the community master”

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