

The History of World Orthopaedic Concern

Geoffrey Walker

During his 1970 extensive lecture tour organised by the Commonwealth Foundation Professor Ron Huckstep (then of Uganda) travelled throughout the world and met many colleagues who agreed that there was a great need to improve orthopaedic care and training in areas of low resource. As a result Ron attracted funds to organise a meeting in 1973 and this was held at Oriel College in Oxford and attended by 39 professors and surgeons from 14 countries (Fig 1.) A further meeting in 1975 in Singapore was arranged by Kanda Pillay where it was agreed that World Orthopaedic Concern (WOC) would be formed and that its tenets should be to:

‘Promote orthopaedic education and research

Promote the development of orthopaedic services

Promote and provide communication with countries and organisations

Promote rehabilitation and para-orthopaedic services

Any other activity consistent with these aims.’

The first formal meeting was in 1977 and was hosted in Nigeria by the late Professor Jaja Miller (Fig 2.). A formal constitution for WOC was adopted and these officers were elected:

President, Dr Allan McKelvie (USA)

1st Vice-President, Professor Millar Jaja (Nigeria)

2nd Vice-President, Professor Knud Jansen (Denmark)

Secretary General, Professor John Golding (West Indies)

Treasurer, Dr Kanda Pillay (Singapore.)

The second edition of our newsletter (April 1978) mentioned the generous donations to WOC solicited by Kanda Pillay in Singapore from the chairmen of the Lee and Shaw Foundations. Allan McKelvie and John Golding stressed that 'each project', either initiated or supported by WOC should be financed separately.

There was a suggestion that WOC should establish a 'postgraduate orthopaedic examination' which would have international recognition.

In 1978 we decided to divide our activities into regional groups, and that these should be financially independent. John Golding urged the establishment of a 'core orthopaedic training scheme.'

In Cairo (1979) Allan McKelvie stepped down as president and was made an honorary member. Mr J.N. 'Ginger' Wilson was appointed president.

Ginger confirmed **the importance of orthopaedic surgeons being trained in their own countries, on patients with local diseases and using the orthopaedic materials and facilities locally available.** He stressed the importance of an anchor man when establishing a training program, and went on to say that WOC should become a catalyst for these projects.

In his very interesting second presidential letter (July 1980) Ginger offered the following criticism at the apparent lack of any WOC progress in establishing training projects:

- 1. WOC cannot at present direct operations from a central office.**
- 2. Projects must be initiated, worked out and carried through by individuals, rather than by committee.**
- 3. Although the projects may be set up by individuals they are by no means regional, and in many cases they will break clean across regional boundaries.**
- 4. The President and his executive officers must be made fully aware of individual schemes in order to avoid doubling up on aid programmes and fund raising schemes.**

5. Co-operation between members is essential, and once a scheme has been adopted by the WOC executive it must be seen to be backed by all members. There is never a place for petty bickering.

We have all joined WOC because each one of us has an earnest desire to help our fellow beings in less fortunate circumstances. It is inevitable that we will differ, one to another, on the ways in which we can do this. There is bound to be criticism of individual schemes from time to time, but such criticisms must always be constructive and never destructive. WOC will only thrive on the enthusiasm of the individual – let none of us be responsible for destroying that delicate flower.’

In Rio (1981) during the major triennial meeting of SICOT as secretary-general I helped Allan McKelvie to convince the executives of SICOT that they should accept WOC as an affiliate. This was achieved in 1984 after discussions with Dr Robert de Marneffe the long-standing secretary of SICOT.

In 1986 at a meeting of the Canadian Orthopaedic Association (COA) in Edmonton it was agreed that while WOC, OO and the overseas section of the COA should affiliate they would continue to retain their own identities. Thus they become known as:

‘World Orthopaedic Concern.’

‘Orthopaedics Overseas, the US Region of WOC.’

‘The Committee on Orthopaedics Overseas of the COA – the Canadian Region of WOC.’

By 1986 we had 751 members and were becoming involved with ‘the Impact Foundation’, the International Society of Prosthetics and Orthotics (ISPO) and the activities of the Association Medical French-Asiatique (AMFA) the brain-child of Prof Alain Patel of Paris. By 1987 WOC UK

had been created, **but we always faced ‘the problem that it is difficult to arrange programs without finance, and that it is difficult to gather finance without having programs.’**

In 19887 Ron Garst was with Reggie Merryweather in Addis Ababa helping to set up an orthopaedic training program. This is now run by Ethiopians, encouraged by visits from colleagues from the UK, US, Ireland, Australia and other countries. About a half of the 45 orthopaedic surgeons who have graduated remain in Ethiopia. Ed Blair reported from Malawi that the first group of his orthopaedic clinical officers had graduated, and this excellent training scheme continued to provide the majority of orthopaedic care throughout Malawi (including dealing with 200,000 fractures). WOC UK, and the US have continued to give major support.

In 1991 Ginger stated that WOC should be involved in ‘care’ as well as in teaching, and this referred to the problems following the ‘wars’ in Iraq and Cambodia. He also described the very successful training program in Burma set up by the late Edgar Somerville of Oxford in the ‘60’s. This is now being continued by AMFA

When I was ‘inducted’ as WOC president 1990 I said **‘that this role is peculiar as it has neither executive powers nor money to spend’ and so we would have to concentrate on communication.** In 1992 we were striving to improve the supply and local manufacture of prostheses and orthoses, but noted that as with all donations **it is vital that the only materials sent are those actually requested by our colleagues in low resource areas.**

John Jellis from Zambia stressed the need for orthopaedics to be included in the training of both general surgeons and medical students as it is likely that for a long time the care of fractures and orthopaedic problems in low resource countries will continue to be undertaken by general practitioners, general surgeons and in large part by traditional healers. Cooperation with the latter is not easy but can be done (ref: Eshete. M. 2005)

By 1994 the newsletter was being produced three times a year and **stressed yet again the importance of basic principles and conservative techniques when teaching and operating.** The

editor considered the desire of young (and not so young) surgeons everywhere to learn and to use the latest operative procedures, but stressed that these are not without risks when sophisticated materials may not be readily available and sterility unreliable.

In 1995 President Garry Hough 111 reported that WOC had about 1,200 members and that in 1995 AMFA had been able to start an orthopaedic service in Vientiane, Laos. The ‘tentacles’ of WOC were for ever spreading.

By 1996 the WOC newsletter had a circulation of over 1,600 in 70 countries and with ‘programs’ in 24 different countries. T.K Shanmugauandaram (TKS) took over the Presidency from Garry Hough and in his presidential letter (1997) noted **‘that past experience has shown that our strength rests with the activities of the individual regions. Active regions are few and other less active regions should ‘stir up’ and devise their own models of service. They should remember that where there has been an ‘anchor man’ the regional service has thrived. We need more of these.**

There were reports of clinical activities in Afghanistan, Bangladesh, Nepal, Zambia, Ethiopia and Indonesia. In 1998 President TKS reported that attempts to start new WOC regions in very many parts of the world had met with little success. He had found it virtually impossible to motivate colleagues to become ‘anchor men’. Ruhul Haque (now Minister of Health) reported from Bangladesh that a British Council link with Bristol was slowly maturing. But ‘alas’ apparently as a result of an increase in the requirements demanded from potential trainees coming to the UK this valuable link did not last for very long.

In 1998 Ginger Wilson wrote ‘yet again’ that **‘it is clear that all of us who give aid to the less fortunate countries should plan our contribution in such a way as to make the indigenous population self-sufficient, and therefore do ourselves out of a job!’** He supported the idea that senior surgeons who teach in low-resource countries should whenever possible take senior trainees from their home countries with them. In the next edition Ginger bemoaned the fact that WHO had

still not made any recommendations on the proposals put forward during 1994 at the Malawi conference on establishing training schemes for orthopaedic clinical officers in other countries.

In the same year Ginger noted **‘it would appear that the administrative structure of the international organisation (WOC) is not yet fully resolved. Indeed, those not conversant with its structure might be excused from thinking that we are perhaps a little disorganised!’** He went on to suggest that while the secretariat should move with the president we need a permanent administrative organisation based elsewhere. Unfortunately this suggestion has never been implemented and the original perhaps rather grand ideas for WOC have slowly withered, partly as a result of the funds raised by Kanda Pillay in Singapore now being exhausted together with our inability to attract further financial support. However some regions are continuing to run training programs with WOC serving as a medium for communication.

References:

Eshete, M (Mekonen): ‘The prevention of traditional bone setter’s gangrene.’

Journal of Bone and Joint Surgery Page 102, Vol.86 B, No.1. (2005)

Beetham, Ron: ‘The history of World Orthopaedic Concern.’

WOC Newsletter No 80 January 2000

Huckstep, Prof. Ronald L: Commonwealth lecture Tour, March/September 1970

a report produced by Professor Ron Huckstep



Fig 1. Delegates at the 1973 meeting at Oriel College, Oxford.

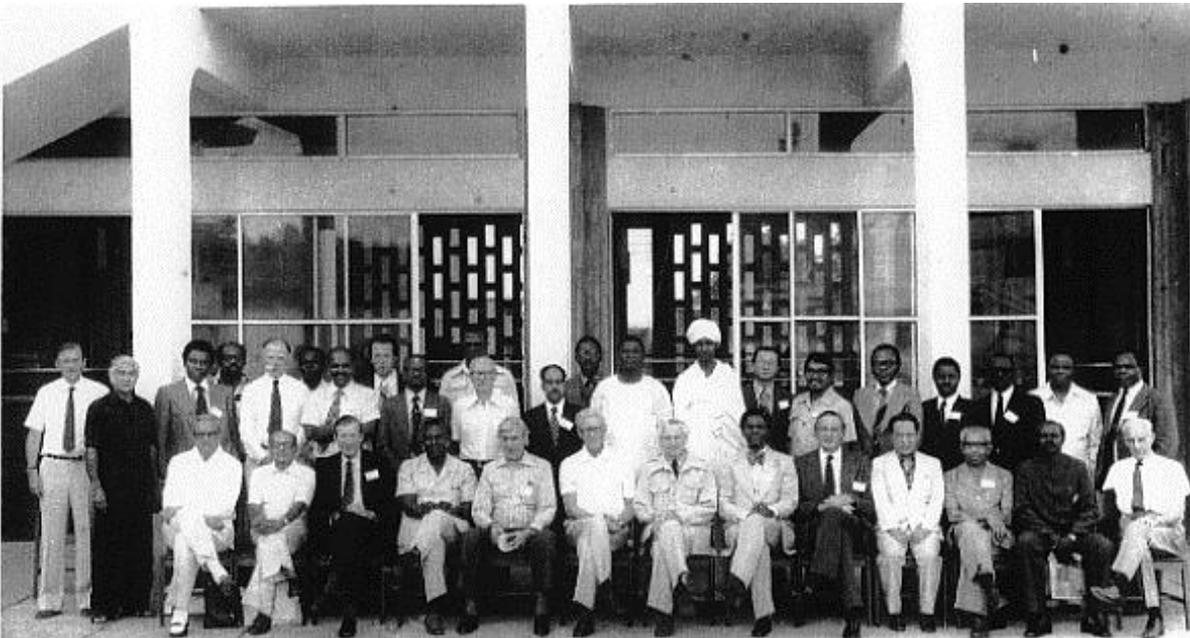


Fig 2. Delegates of WOC at the 1977 meeting in Lagos, Nigeria