



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.

Medicine sans Frontiers; The December Newsletter from MSF is dedicated to the **Yemen** – a country under Siege.! The view-point of their doctors is given in an excellent report from Dr **Natolie Roberts** about whom few personal details are given, except that she had previously dedicated her efforts to MSF, in Ukraine and Syria.

The MSF Newsletter is in the form of an appeal for charitable donation, (which our modest reproduction applauds warmly, but does not wish to appear to be in competition). Their appeal is for readers to be in touch with <www.msf.org.uk/support>

In quoting from MSF we would draw a distinction. Inevitably there are major questions of a political nature with which the medical profession has no wish to engage, except to point out the seriousness and the world’s ignorance. One telling sentence in Dr Robert’s report is that in three weeks working in the hospitals of North Yemen, she “saw no journalists.”

Yemen is similar to Syria in many ways. With the destruction from air-strikes, Dr Roberts saw very similar injuries, and “you never get used to that – nor should you, particularly when it’s affecting children and women who are trying to go about their ordinary lives.

To the apocryphal question - Do ever want to pack up and leave? she says-

“All the time. I’ve been having those moments on and off for the past three years; everywhere I go. There are times when I lie awake at night when there is bombing and I think; ‘I don’t quite know why I am here’. But when you get up the next day, you feel that what you’re doing is having some sort of impact. This is the first place I have been to, where I have not met a single journalist. This conflict is not in the public eye. I feel the whole world needs to understand what is going on in this country.”

In an editorial MSF coordinators add the logistic deficiencies, quoting the most damaging to be the lack of transport, related to vehicle and fuel blockade. But of some 10,100 casualties from the conflict, those able to be carried to hospitals run by MSF in many of the big towns, receive emergency first aid and now swell the waiting lists for formal correction, bone grafting, reconstruction and rehabilitation. Correctible disability will persist long after the fighting stops, which shows no sign of happening yet. . .

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Third International Postgraduate Course, 21st – 24th January 2016.

Orthopaedic Research & Education Foundation (India) have organised the third in this annual series; to be held at the **Arihant Hospital and Research Centre**, (283-A, Gumasta Nagar, Indore), under the auspices of the Orthopaedic Association the **SAARC** Countries, World Orthopaedic Concern, and the IOA.
<pgcourse@gmail.com>

The faculty will comprise 12 senior experienced consultants from all over India. The course is designed in such a way that common weak points are identified and students are trained to present their problems to the panel of examiners. Candidates are encouraged to interact with the faculty, and with each other, from far and wide. It will take the form of Revision in preparation for higher qualification, with a mock examination, emphasising clinical cases, and technical skills. (Course director; Dr Deven Taneja)

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The W.O.C. Session at the Annual Meeting of **IOACON** in Jaipur, December; 2015.

Professor Rakesh Bhargava presented a paper entitled “**SEARCHING for New HORIZONS**” and the importance of identifying the old ones. He addressed the crisis in trained manpower for the understaffed parts of the world.

In his paper **Dr. Rakesh Bhargava** touched on very pertinent points, including appropriate technology and epidemiological studies of the disease patterns of the developing world. He emphasized the equal requirement of paramedical as well as trained surgical support. The following lists his principle points:-

“When I joined WOC, (in 1976) **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 centres. 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 Shanmughasundaram** took over as the Indian head.

Forty years ago the agenda before the WOC was

1. To Impart training to underdeveloped African and South East Asian countries, and to develop orthopaedic training programs.
2. To Procure and provide instruments and implants to such countries
3. To develop Rehabilitation.

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 whom 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 “You Tube” he talks about the 5000 patients he treated of a total of about 80,000 in Uganda and more than a million in the neighbouring African countries.

Why I am quoting all this is because TODAY if you search Google, there is no reference to ARHTAG, and Wikipedia has no page on Dr R L Huckstep.! It is improbable that that vast population of the polio afflicted has all been taken care of and rehabilitated, but somewhere down the line polio has become 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, not to where we might like to go.

But for the Newsletter, there is a danger of becoming compartmentalized to our own regions and relatively oblivious to the needs of the other regions. We need to correct this and become what we started out as, **Worldwide** Orthopaedic Concern.

Dr. P K Sethi once wrote that we are becoming 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 central to our concern, and which are very different from those encountered in affluent western societies. Expensive and complex “hi-technology” should be an addition, not a replacement of the standard treatments for common disabilities. There is a fear that we become increasingly irrelevant to the needs of our masses.

We need to recall the exemplary work of **Paul Brand** and **Dr Kini**, of **Dr N H Antia** and **Dr Mary Verghese** who applied themselves to the problems of the majority and treated them in their own 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 and osteoarticular tuberculosis. Concepts of managing 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.

W.O.s involved with these issues. How and at what level still needs to be worked out. Two things which I personally feel need clinical attention, are post-pregnancy AVN of the femoral head, and implant infection and failure of internally fixed fractures. The latter is now increasingly done, 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. The basis for such assiduous monitoring is scrupulous record-keeping. Most of us are either indulging in operative fixations of fractures, joint replacement surgery, arthroscopic surgery or Ilizarov methods for limb lengthening, corrections of deformities and bone transport — or at least dreaming about them.

There is no denying that these new procedures have provided us with vastly improved methods of treatment in properly selected cases, in well-equipped hospitals in our large metropolitan towns by experienced surgeons. But Bombay, Kolkata, Chennai 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, seeking a piece of the proverbial pie.

I feel we need to change gear and address ourselves to the common problems and define solutions which can be achieved with our limited resources. In the words of **Maurice King**, author/editor of Oxford Textbook of Medicine: --

“The need is to teach, delegate, reach widely (rather than deeply), to create a judicious and appropriate health service delivery, making the Community the Master ” (**Professor Rakesh Bhargava, Jaipur.**)

The following papers were also presented in the dedicated W.O.C. session of the IOACON meeting in Jaipur (December 15th 2015): --

Nonunion fracture neck femur – Solutions for developing world – Dr. Sameer Gupta

Relevance of timing and duration of surgery on the infection rate in compound fractures. Dr. M. K. Sherwani

Role of Antibiotic Cement impregnated intramedullary nail in infected long bone fractures	Dr. Dinesh Sonkar
Management of Fracture Dislocation of Talus –	Dr. P. Choudhary
Short term results of Recurrent Anterior Glenohumeral Instability treated by Latarjet	Dr. Sachin Chhabra
Upper limb tuberculosis; recent increased frequency.	Dr. Vijay Khariwal

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And lastly but most importantly; there is an urgent call for W.O.C. to take part in the pre-meeting Instructional Course Session before the 37th Annual Meeting of SICOT, in Rome, in the coming year – **September 7th, 2016**. The President and his Secretary-General would be grateful to receive suggestions in order to design a program (90 minutes) aimed specifically at the training of General Orthopedic Surgeons, for this important this part of SICOT's International training program.

(M. Laurence)