



Newsletter

No: 184

February 2016

Distributed from: laurence.woc@gmail.com

Website WOC: www.worldorthopaedicconcern.org

Linked with: www.worldortho.com (Australasia) www.wocuk.org (UK)

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.

Prof. **Vijay Khariwal** read an important paper to the **Jaipur** meeting (IOACON) in which he presented his collection of every conceivable presentation of osteoarticular Tuberculosis. So many times tuberculosis affecting the rural and remote areas presents in a late stage of the disease, with advanced joint destruction. Rarely is any conservative surgery possible; but the mainstay of treatment is non-operative, once the diagnosis is made on classical laboratory grounds. Professor Khariwal's own collection demonstrates how varied are the signs, but all suggest chronic and eventually irreparable damage. Usually histological rather than bacteriological proof is sought, and the quadruple therapy commenced. for a variable period depending on the severity and the presence of sequestra.

He was awarded the prize for the best paper of the Jaipur IOACON meeting.

ORTHOPAEDIC TRAINING, for LMICs

The word **TRAINING** has very wide-ranging implications. It encompasses both factual information and practical ability, but requires personal guidance and supervision. It also has very different connotations according to the existing level of practice, provision of equipment and theatre aseptic skills.

The need is recognized in WHO statistics. Three quarters of the world's population will never have access to the most modern development and equipment; and none will be able to wait for its availability. Furthermore the remaining one quarter will always be "hard pushed" to afford it. Something of the same economic difficulties now beset the most affluent of the whole of humanity. Every national community, wishing to provide "the best" of healthcare for everyone - by which we imply every democratic voter, upon whose opinion depends the maintenance of political stability.

Already the unacceptable words "rationing of medical treatment", are deliberately avoided in political circles because of the emotional discomfort they imply. But not even the affluent nations can afford the cost of medical (and surgical) invention for all their citizens. The result is ever-increased widening of the gap between the simplest and the most expensive. The "inequality" of this last implication is doubled by the fact that the "most expensive" is by no means surely better than the most simple.

Dr Sylvain Terver writes -

"As usual I took time to read the last WOC Newsletter (No 183) and have at least two remarks to make:

1. Your analysis of the need for basic teaching to the front line people concerned with traumatology, is exactly the one which has persuaded **Dr. Paul Demmer**,

from South Africa, to redirect activities of the AO SEC. It is what I have proposed throughout French speaking Africa. And it is also what inspires the AO Alliance Foundation (the new "avatar" of AO SEC). This renewed Foundation has a more ambitious proposal for some developing countries, amongst which is Ethiopia. May I ask you if I could transfer this part of your letter to the people in charge of this project? (*of course – no secrets!*)

2. As you can imagine I completely subscribe to the letter of Prof. **Vijay Kumar Khariwal** about the "programmed obsolescence" of current technics organised by the main medical technologic companies. And his need for teaching surgical technics applicable to under-resourced fields. Again it is the trend we try to keep in our "Basic Courses for Surgeons", caring for traumatology .

Keep on in this direction : it is the right one. [<sterver@hotmail.com>](mailto:sterver@hotmail.com)

-oOo-

“UTOPIA”

This year marks the 500th Anniversary of one of the most remarkable works of societal philosophy, written and published in Leuven, Belgium, in 1516, by the English statesman, **Sir Thomas More**. It took the form of a description of a mythical island in the mid-Atlantic, where a unique form of society was said to have evolved. The name “Utopia” is a joke on a Greek word for “Nowhere”.

More’s treatise was the first of many political satires over the centuries depicting the current condition of European cities, the imperfections of humanity and the inequalities of society. There had been clear models in the teaching of Aristotle, Confucius and Isaiah, in fact most classical thinkers. Naturally it was picked up by revolutionaries (including Marxists)

but a deeper study of the matter reveals the fault lines of that philosophy. Jonathan Swift, William Morris, H.G.Wells, George Orwell, and a host of writers who followed with the style of parables of mythical states. There are deep roots traceable in every text of all classical religions. Why then does the economic power of the Few (about 6%) continue to dominate and suppress the Many.

It is easy to see why More chose to write, not in his homeland, and not in a living language - he published it in Latin, with Greek references.! This is powerful revolutionary stuff, (socio-economic, political and legal) with the obsolescence of money, laws (and lawyers) and many societal mores.

Recent figures emanating from Davos (G 20), from Oxfam, and from WHO, show that Thomas More's message, in criticism of sixteenth century Europe, is even clearer today. Our view of the scandalous inequalities of modern society is measurable, and the images of human tragedy are constantly before our eyes through the media. But it is also clear that "throwing money at the problem" has the same effect as donning a blindfold. Huge amounts of generous money, curiously find their way into "off-shore" bank accounts!?! Meanwhile the continuing affluence of "the Few" ultimately depends on the modest prosperity of the Many workers to purchase. Thus the downtrodden disparately need support now, if the current affluence is to survive.

The world's need is for the gift of the most truly valuable commodity;- skillful human hands. Nowhere is this more strikingly demonstrated than in the communities of West Africa, where the recent epidemics have virtually stripped those Countries of their medical professions.

-o0o-

(A message from the John's Hopkins Hospital, Baltimore.)

“Greetings. I am an American Surgeon, currently working in Baltimore Maryland, and recently retired from the US Army. Although I have specialty training in trauma and foot/ankle surgery, I served in multiple locations throughout my Army career. I have been an educator and participant with Dr **Lew Zirkle**, from Washington State, and most recently Rick Coughlin, Rich Gosselin and Jim Cobey, who recommended I make contact with you.

I watched your address on “Bridging the Gap”, and read with interest your Newsletter regarding the situation at Black Lion Hospital. I would appreciate if you would add my email (<jficke@jhmi.edu>) to your list. *(done)*. I have been in communication with **Duane Anderson and Sami Hialu**, *(both very well known to this editorial office)*. Sami recently completed a fellowship in Toronto. I will be teaching once more, seeing patients and doubtless operating, in late May/early June in Dar Es Salaam; but I am considering and seeking ways in which we (as you say - NON-specialists) can exchange knowledge in Ethiopia in a way that exceeds the short stay effect. I would welcome your perspective and perhaps a dialogue on this.... **(James Fickle)**.

REPORT

The **P. G. Instructional Course** was held between 21st & 24th Jan 2016, at **Arihant Hospital & Research Centre, Indore** (India) under the auspices of WOC, in collaboration with Orthopaedic Research & Education Foundation – India, Orthopaedic Association of SAARC

Countries and the Centre for Science & Society, Indore.

160 trainees from all over the country attended the course. The faculty comprised ten senior Consultants.

The lectures related to clinical examination and the common subjects included neglected fractures of the neck of femur, scoliosis, osteomyelitis, and tuberculosis. Orthosis and prosthetics were also discussed.

Students actively participated presenting many of the cases.

The following student awards were made:

- Best short Case Presentation - Dr. **Amitosh**
- Best long Case Presentation - Dr. **Manjul**
- First in orthopaedic quiz - Dr. **Arun & Dr. Vijay**
- Best Participation Award – Dr. **Rajiv**

Seven trainees enlisted as members of WOC

The course was inaugurated by **Prof. Hardas Sandhu** of Amritsar (India) (the most senior orthopaedic surgeon of the country).

Dr. Alaric Aroojis, Paediatric Orthopaedic Surgeon from Mumbai (India) was the Chief Guest in the Valedictory function.

And from the **Philippine Archipelago, PALAWAN-**

“I very much enjoyed the latest News Letter. The British Palawan Trust still have copies of **Dr Socrates’** book “***Orthopaedics in the Home and Village***”. This is in two parts; the first is basic science and the second advice on how to manage various injuries. It is aimed at General Practitioners and health care workers but would be useful for others. It is available from me in printed form, for which we ask a small donation. I can also supply it in PDF format for overseas charity

hospitals. Details of contacts on www.britishpalawantrust.org.uk.

Louis Deliss FRCS

All these messages vary in concept and detail; but they reflect the differing circumstances to be seen in impoverished societies. Prospective visiting teachers need preparatory homework in order to pitch their level of instruction to the surgical circumstances. That does not imply a different (lower) **standard** of practice, but one related to available surgical equipment. The bulk of congenital and traumatic disability, can be successfully managed under a variety of circumstances, with and without modern tools, and too often that is imposed upon us by a variety of circumstances.

It becomes very clear, early on in clinical practice, as to what is possible and what not. But all can and must be treated. Criticism about circumstances at the time of treatment, is fruitless – except perhaps at a later date, and then only if it is judged that a beneficial effect might follow such comments. Comments intended to be constructive can so easily be misinterpreted as the opposite, if there is not a well developed basis of friendship and generosity between host and guest.

The item above (**P.G.Course, in Indore**) demonstrates the depth of attention given to the fundamentals, addressed in India. It is in the interest of those under-resourced parts of their own country, but also of their many neighbouring states. The study of General Orthopaedics is best seen where the pathology is found and where the treatment is essential to each community. This is in contrast to “collections” of the rare and

curious. Taken together these messages (above) cover the need for Training, ***in and on*** the desperate and impoverished, in their own towns, far from services. They can only ever be truly served by their own doctors in their own communities.

At the root of all managing therapy is an understanding of Pathology - hardly addressed by the implant specialists. And yet an understanding of the body's reaction to Injury is as important, as any disease process.

At the September annual meeting of **SICOT in Rome**, (Sept 7th – 10th) one of the 90 minute Instructional sessions will address the problems confronting the under-resourced parts of the world, where much more advanced pathology makes demands on the ingenuity of our colleagues. An invited faculty of international experts will offer their experience on trauma (mal-union and non-) on developmental defects and infection – in general and in particular. Mark this date in diaries.

(M. Laurence)

Letter to david Jones.. . . .