

**Newsletter No.92 - January 2004**

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Dear Colleagues

My duty as editor of this Newsletter should not be difficult. I am responsible for transmitting news of orthopaedic activity in areas of the world not yet as affluent as the developed parts, in a global attempt to spread our special expertise more equitably. We are emotionally moved by global events, which produce catastrophic injury, but traumatology is not our special subject nor indeed can any organisation equip the world in readiness for the unpredictable. Examples abound in acts of war and accidents to aircraft and ships, but few are as indiscriminate and massive as earthquakes of which a number have occurred in recent months.

WOC is world wide and does whatever it can to spread the gospel of orthopaedic treatment for the disabled. In this regard there is good news from the recent WOC meeting in Chennai: a new Chapter has been born Sri Lanka and the Bangladesh Chapter has been revived.

The fundamentals of WOC's philosophy, so clearly expanded by Ginger Wilson in these pages heretofore, have never been more eloquently described than in the Newsletter from the Edinburgh Royal College of Surgeons (No 4, 2003), from which I liberally quote below, with a little editing, acknowledgement and much appreciation.

The organisation at Ramnagar, also reported below, proves the point that first class Institutions are not geographically restricted but are to be found in every country in the world. Equally and conversely, poor treatment is all too common in every country.

This editorial desk often receives applications from ambitious trainees world wide to be put in touch with Western Institutions where further training can be arranged for both

short and long terms. I have great sympathy with the writers and hope that through these pages, the excellence of many Institutions already leading the world in fundamental orthopaedic surgery, can be more widely known and advertised.

## **RECONNAISSANCE**

The RCS in Edinburgh has been working for some time to set up comprehensive training and Examinations for Membership of the Royal CollegeS of Surgeons in collaboration with the College of Surgeons of East, Central and South Africa (COSECSA). The organisation covers Ethiopia, Kenya, Uganda, Tanzania, Malawi, Zambia, Zimbabwe and Mozambique. Financial help for this enterprise was generously given by Ethicon and the Edinburgh College. It is hoped that the Membership examination, to be called the MCSECSA, will assert a uniform standard across the region and move close to that which pertains in the UK.

Regular visits have been made by way of a reconnaissance by **Professor James, Neville Harrison, Christine Evans, John Craven** and **Mike Johnson**, all of whom have considerable experience of working in Africa. They have set criteria for assessment of hospitals including the numbers of operations, outpatients and teachers, the organisation of laboratory and radiological support, and most importantly the standard of teaching and internet access. They have identified a new generation of surgeons who are enthusiastic and wish to train in their own countries, or return to their own countries after short periods spent abroad.

The Edinburgh examiners recommend a bursary system to help keen doctors to get onto the FRSECSA. Such an arrangement would be a valuable step forward because money earmarked to send doctors overseas, out of Africa, would be less valuably used, and money sent to local governments tends to get lost in the system.

They identify the need for a flow of interested surgeons to travel to Africa, bringing equipment and enthusiasm to teach. Individual visits would “prime the pump” but return visits by the same guest surgeon to the same hospital, would progressively make available expertise of special techniques and create local enthusiasm. Surgical visitors have to retain a broad view of surgery, unlike the narrow super-special concept, which

has developed in Western centres for the benefit of the few, and in anatomical areas of less vital importance than the case-mix to be seen in the developing world. This imposes responsibility on those regular visitors who must themselves continue to update their own technical expertise in training courses. [**Christine Evans FRCSE**]

The Edinburgh Newsletter continues: In many of the world's poorest countries a recently qualified doctor has two alternatives - (a) to leave and go overseas (often permanently), or (b) to work in a rural hospital with little prospect of getting back into a larger teaching centre. Such hospitals are devoid of basic equipment, leaving the incumbent to his own devices with regard to sutures, dressings and splints. By contrast the larger hospitals have cupboards full of expensive, electrically powered equipment, donated by overseas benefactors without a service contract. Technical failure is inevitable. Computers are few, libraries stocked with out-of-date journals or donated textbooks which have been "remaindered".

**Gordon Williams**, Consultant Urologist from the Hammersmith Hospital, contributes to the Edinburgh Newsletter, based on much experience in Africa. The Royal College of Surgeons in England is setting up a database to collate information of what exactly is being done, where and by whom. The Colleges have set themselves to provide basic courses in surgical skills various Central African countries, including Ghana and Uganda. Gordon Williams suggests that the intercollegiate joint committee for higher surgical training should have a branch specifically tailored for the needs of the Third World. He suggests that to improve the personal relationship of such a scheme, hospitals in the West should develop a twinning facility or sisterhood, with an established hospital in the developing world. All journals, he says, having been read, should be sent *before* they become out-of-date.

Amongst the most needed items of surgical equipment are those which are most quickly and often discarded, which raises the old philosophical problem about donating to the Third World. Can we morally pass on what we consider to be not good enough for ourselves? Gordon Williams sees no need that two-thirds of the world should live without adequate health care. There is obviously a parallel with regard to food. The

fertile bread baskets of the world could easily feed the world's population, but somehow they don't.

Gordon Williams sees little value, except in exceptional circumstances, in bringing a doctor from overseas for training in the UK. By contrast there is a tremendous advantage for doctors from the UK to travel and work overseas, even for short periods, taking with them surplus equipment, pro-actively teaching and training by operating on patients in their own local hospital, with their own local facilities and the back-up of the patient's own family. The home community is surely the place in which relevant messages are most likely to be learned and effectively preserved.

### **WOC-SICOT Programme**

From **Ganga Hospital**, Ramnagar, Ciombatore, we have received a progress report on the SICOT Regional Training Programme, which has now been running for nearly four years. The report covers the period of May 2000 to November 2003 during which time 54 senior trainees (selected from 120 applicants) have completed an extended "hands-on" experience.

The project was set up by **TKS** (Professor Shanmugasundaram) in August 1999 on behalf of WOC-India with support from the SICOT Foundation. In the preamble or forward to the report, **Dr S Rajasekaran PhD** argues cogently that high-tech expertise, widely available in centres of particular excellence in the subcontinent, to be necessary for an aspiring orthopaedic surgeon who seeks preferred places in the Indian Surgical establishment. All the reasons expressed by the Royal College of Surgeons of Edinburgh (elsewhere in this Newsletter) are displayed here in principal.

The report takes the form of a detailed audit by each trainee, describing his or her special interest and the experience had at the Ganga Hospital, or in Vlore, Hyderabad, New Delhi or Mumbai. This document is more than a bare list of nameless cases, but rather a careful analysis of what, why and how, indicating mature surgical education rather than a raw surgical factory.

Most have described their experience in arthroscopy of the knee and shoulder, replacement arthroplasty mainly of the knee, various procedures including minimal access on the spine, trauma and reconstruction of the hand, management of congenital deformities and all modes of fracture fixation, including Ilizarov. Every aspect of management is included in the case reports. Much was conservative in principal with the splintage and rehabilitation demonstrated as the essence of orthopaedics. In contrast with Log Books seen elsewhere, it is notable that cases treated conservatively receive equal prominence with those operated upon.

The trainees came from widely spread areas of Asia including Indonesia, Bangladesh, Ceylon and China. Several expressed their appreciation for the financial support they had from WOC-Sulzer Fellowships. Every individual report was written in a completely different style and it is clear that the trainees were invited to make their own constructive suggestions as to how the courses might be improved. Some still expressed the wish to go abroad but I can think of few establishments world wide which could offer a programme comparable with this.

## **REGIONAL REPORTS**

### **Cambodia 2003**

Following the initiative of **Dalton Boot** (Manchester), who visited the Sihanouk Hospital Centre of Hope (SHCH) during 2001/2, five further orthopaedic visits were made by UK surgeons during 2003. **Mike Beverly** (London) **Andrew Jarvis** (Worthing), **John Lourie** (Milton Keynes) and **Mike Hubbard** (Abergele) each spent between two and four weeks teaching and operating, constituting a locum for the permanent Philippino surgeon who is on study leave in Australia. The SHCH is a well equipped hospital, funded mainly by US charity and staffed by American and Cambodian doctors. The small number of inpatient beds (12 for all types of surgery) limits the throughput. No emergency cases are accepted. Of the 300 or so outpatients who attend daily, only a tiny minority can be admitted and these are selected by lottery at the front door. This is believed to be the only institution in Cambodia at which treatment is given totally without charge.

The six Cambodian surgical residents are enthusiastic and eager to learn. Four are enrolled in the Certificat des Etudes Specialisees (CES) which consists of three years in

Phnom Penh and one year special experience in France. Teaching for the CES is in French but the trainees are eager to improve their English language skills, being well aware that the most specialty literature and post-graduate training opportunities require communication in English.

The spectrum of orthopaedic disability includes the usual pattern of neglected trauma, chronic infection (including TB), a number of congenital abnormalities and advanced musculoskeletal tumours. To be added to these is the huge numbers of lower limb amputees from land-mine explosions.

The SHCH is a centre of excellence in Cambodia: much good surgery and training is given in the other five hospitals in the city, but with very little communication between the different units. John Lourie suggests that a monthly combined clinical conference would contribute greatly to the professional development of the surgeons themselves, the surgeons in training and the fledgling Cambodian Orthopaedic Association. Several UK orthopaedic surgeons have recently visited the country and planned to meet early in 2004 to consider ways in which support can be offered to develop post-graduate training for surgeons in Cambodia. Any interested individuals are urged to contact John Lourie at the following e-mail address [[lourie@causeway5.freemove.co.uk](mailto:lourie@causeway5.freemove.co.uk)]

## **Kenya**

**Dennis Mawhinney** writes from Helen's Bay, County Down, Ulster describing his regular visits to the Kikuyu Orthopaedic Rehabilitation Centre. This 36 bedded unit is affiliated to the PCEA Kikuya Hospital, the first missionary hospital in East Africa founded in 1898 by the Scottish Presbyterians, in the relatively cool Highlands some 30 miles west of Nairobi.

**Dr Stan Topple** established Kikuyu Orthopaedic Rehabilitation Centre and **Jonathan Murila** is the current Director of the only dedicated orthopaedic unit in Kenya. Their speciality is growing rapidly but there is yet to be an organised national training programme. The Unit covers all aspects of orthopaedic surgery with the customary emphasis on the conditions familiar to developing countries. Dennis finds the relief from super specialisation to be refreshing. It means that his teaching concentrates on basic

clinical skills and surgical technique, with more modern investigative techniques reserved for the most pressing cases for whom the expense is justified.

On his many visits Dennis brings with him as much basic theatre hardware as he can carry, bearing in mind that his visits, though regular, are in short terms of the annual workload. Multi disciplinary ward rounds are the norm and all are eager to learn. Although Dennis feels this his responsibility is to teach, he himself learns something every day.

Adjacent to the hospital a guest house for the surgical visitor provides a high level of service, and regular communication with the many colleagues of different disciplines. He finds that a visit to KORC is an excellent opportunity to understand and participate in the world of *essential* orthopaedics. He recommends that visitors should spend at least two weeks, and preferably six, leaving at least a short period for rest and rehabilitation in the dramatic mountains or safari parks. [\[orthodox@ukgateway.net\]](mailto:orthodox@ukgateway.net)

### **BOC Activity from Japan**

**Dr Hiroshi Yamamoto** President of the Japanese Orthopaedic Association (JOA) has written describing activities from Japan “embracing the aims and ideals of WOC and its countries”. A comprehensive questionnaire was sent out to all members of the JOA in December 2003. A comprehensive response is carefully analysed in the report that comes from **Dr Mash Kuroseka**, the Chairman of the Japanese Orthopaedic Committee on International Affairs. Although there is not at the moment a Japanese branch of WOC, nevertheless activities with identical aims are clearly demonstrated on this questionnaire. It is broken up into parts, recording which doctors from developing countries have visited Japan to attend courses of special centres of special technique, and how many doctors from Japan have visited the Third World in the course of tuition, training and lecturing. The age groups are significantly different. Those coming to Japan are for the most part younger, between the ages of 30 and 39, whereas those from Japan are almost all over the age of 50.

The places visited from Japan are as follows, with the absolute numbers in parenthesis: China (20) Vietnam (4) Malaysia (3) and India and Afghanistan (2 each. The periods of stay were less than a month in all but one case and the predominant function was to deliver medical and technical instruction and to give lectures. In over half the cases, the major expense was born by the doctor, him - or herself.

*(The editor would very much like to hear more details of the experiences encountered and the requirements, organisation and facilities available in the areas visited. This report clearly indicates a major input, which deserves wider publicity.)*

## **PACIFIC**

**Phil Matthews** has written about his recent tour of Tuvalu, (formerly the Ellice Islands) in the Pacific, backed by generous donation from the Rotary Doctor Bank. These Islands are hopped by Air Kiribati to the Princess Margaret Hospital at Funafuti presently in the course of being upgraded with new equipment. But he expects a fully equipped hospital will be commissioned quite soon and ready for function. An urgent appeal is sent out for appropriate material including current surgical literature.

## **AFGHANISTAN**

**Peter Stiles** writes from Guildford describing a new group entitled "Afghan Connection" who have approached WOC hoping that among our members an orthopaedic surgeon may be available for three to six months periods to work at Kunduz Hospital opening a combined service in a training capacity with Afghan surgical staff. Afghanistan has the highest maternal and infant mortality figures in the world. Rural and urban areas in Afghanistan show all the characteristics of a conflict situation with fragmentation, low morale and all health provision dependent upon foreign aid.

For this project the World Bank and the European Economic Community will be the basic donors. Kunduz province lies in the North of Afghanistan bordering Tajikistan with a population of 800,000 concentrated close to two flat oases of irrigated agricultural land. There is no other industry to speak of other than carpet weaving and brick-making. The province is politically stable and at present offers one of the most secure situations in Afghanistan. There is a wide ethnic composition, which includes Tajik, Uzbek, Pashto,

Turkman, Hazara, Larghabi, Kuchi and others. The main driving force comes from the Swedish Committee for Afghanistan (SCA).

The aim is to provide a 100 bed hospital in Kunduz and smaller 50 bed hospitals in neighbouring towns. It is expected that the pivotal specialities of paediatrics, midwifery and anaesthesia will lower the abysmal infant death rate. The Afghan Connection has influential directors with connections in big business. Their main approach to WOC is for the expertise and manpower at the top level. The Afghan Connection feels able to fund this adventure and there are administrators from Sweden already busy organising the launch. The expected starting date will be April 2004 but this is not guaranteed by those with Afghani experience.

The Connection is looking for funded specialist with a salary of about €6000 per month for a long term appointment, with short term volunteers at €1000 per month, plus the air fair. They define their ideal requirement as recently retired specialists.

From the building point of view the project is already under construction with an extensive outpatient department. A network of services will provide necessary education for local staff including schools with close association with universities and hospitals outside the country. The headquarters for the Afghan Connection is to be found by e-mail at [[office@afghanconnection.org](mailto:office@afghanconnection.org)].

### **THET Newsletter**

We are always pleased to receive the Newsletter THET (The Tropical Health & Education Trust) who expressed appreciation at the recent publication by the Department of Health and **Dr Liam Donaldson**, Chief Medical Officer, issuing guidelines for NHS staff who want to work in healthcare services overseas. The Department of Health aims to recognise and support their efforts and offers advice on useful skills and ways of taking part in such work.

A compendium of NHS overseas links can be found at [www.doh.gov.uk/internationalhumanitarianandhealthwork/index.htm](http://www.doh.gov.uk/internationalhumanitarianandhealthwork/index.htm). The THET Newsletter carries descriptions of all the work done largely in East and Central Africa in

a variety of hospital specialities and schools. The THET e-mail address is: [vpthet1@aol.com](mailto:vpthet1@aol.com)

### **Elder Statesmen**

Perennial travellers **Geoffrey Walker** and **Malcolm Swann** continue their voluntary exile from the UK, the former in Laos and the latter off the West Coast of Africa in a Mercy Ship. Malcolm Swann writes to describe this ship as well appointed although sparse with regard to ordinary comforts. The equipment for surgical procedures is better than most provincial towns in the countries on the African seaboard which the ships serve. Malcolm intends to return to Central Africa. Having finished four months in Zambia, his next country of call will probably be Malawi or Uganda. He sees little attraction in returning to the UK in the winter.

Not all the letters received by the editor are of professional importance but I cannot resist the temptation of quoting one of charming simplicity. **Dr Ronald J Garst** writes from Tuckaleechee Pike, Maryville, Tennessee to record his regular exchange of both birthday and Christmas greetings with **Ginger Wilson** on their respective joint birthday, Christmas Day! (The Newsletter offers them congratulations.)

Ron Garst reports that two years ago, at the age of 83, he finally stopped his world wide travels to work on behalf of OO and WOC but he continues to collect unused equipment for anybody that will carry it abroad. These includes bi-polar prostheses, external fixators, plates and screws [rongarst@prodigy.net]

### **WOC UK WEBSITE**

**John Cashman** has written on the 10<sup>th</sup> September 2003 announcing that the website was up and running. As yet it will be carrying introductory remarks such as the definition of WOC's mission statement, details of how to join WOC, volunteer opportunities overseas and reports of various visits. It should also by now be carrying this Newsletter and will soon have a facility for reproducing pictures. John Cashman makes an open invitation to all WOC members to contribute to this display [e-mail: [wocadmin@wocuk.org](mailto:wocadmin@wocuk.org)]

We have received messages from **Dr Ronald Huckstep**. He has always been a most communicative correspondent but not just lately. In his letter we read with some dismay that he suffered a severe fracture of the upper femoral shaft, which was not well held together by pin and plate. He later went on to extensive hip replacement. He reports, in rather throwaway terms, that he is now emerging from “other complications” and is finally home on crutches.

It is clear from the vigour of his letter that he has absolutely no intention of giving up his teaching commitments and hopes soon to be back at them. His enforced period of rehabilitation has enabled him to start to assimilate his 50 years experience of travelling in Third World Orthopaedics. He is already deeply engaged in the task of collecting all his records, both clinical and biomechanical, to transfer to CD-rom and DVD. [*cf* his website for further developments: [www.worldortho.com](http://www.worldortho.com)]

#### **SICOT 2004-5**

The President of WOC reminds all members of the opportunities given through the generosity of SICOT to attend the following major meetings, to which WOC will be an important contribution.

SICOT 2004 Third Internal Congress in Havana, Cuba from the 26<sup>th</sup> to 29<sup>th</sup> September 2004.

SICOT 2005 Triennial World Congress in Istanbul, Turkey from the 2<sup>nd</sup> to 9<sup>th</sup> September 2005.

Preliminary announcements will be sent out soon but communications by e-mail is encouraged already, well in advance; for example with Denise Duhaine at the following e-mail address: [d.duhaine@sorelcomm.ca](mailto:d.duhaine@sorelcomm.ca)

**Michael Laurence**  
[m\\_laurenc@netcomuk.co.uk](mailto:m_laurenc@netcomuk.co.uk)

