Newsletter No.93 - May 2004

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Dear Colleagues

The subject of infection is never far from the mind of orthopaedic surgery. There were times when to expose the bone in the course of surgery was a huge risk and only undertaken in the most extreme of circumstances. Then waves of optimism followed the principles of surgical sterility (Lister), of chemotherapeutic agents (sulphonamides, INAH) and the antibiotics (Penicillin etc). Yet the organisms are still with us. The debate persists as to how and when and for how long should prophylaxis against infection be given. How quickly can an organism develop into a resistant strain? Does an effective antibiotic clear the way for invasion by more dangerous organisms then the safe ones with which we have always safely lived?

Third World surgery often reverts to pre-Listerian principles of releasing pus under tension, not closing contaminated wounds to create an abscess, protecting wounds while nature uses its defensive capabilities to heal from the depth etc, etc. There is always a danger that Western advanced surgery, often involving the implantation of foreign bodies, ignores at its peril the danger of contamination, with which a community with impoverished resources cannot cope.

These ancient principles of the management of infection and prophylaxis against it were well described by Dr Simon Mardell MBE, one time Accident & Emergency Consultant in England, who now works for WHO. In February 2004 he addressed the Hunterian Society in London on his experience of the new infective agents, Ebola and SARS. For these there is no effective specific therapy. The time honoured regimens of scrupulous barrier nursing, using a no-touch technique, are the only defence against these conditions in which infection carries certain death. Not only did Dr Mardell have the safety of his own team of medical helpers in mind, but at stake was the reputation of the whole of Western Medicine in the judgement of the people of Uganda, Congo and Kenya etc. These are of course medical matters but the lessons to be learned underline the fact that

Western Medicine has nothing to teach when such previously unknown infective agents spread. Dr Mardell's message is as relevant to modern Western orthopaedics perhaps even more so because of the tendency towards slack practice in this area.

FORTHCOMING MEETINGS

BRITISH ORTHOPAEDIC ASSOCIATION - ANNUAL MEETING

The annual meeting of the British Orthopaedic Association begins on Tuesday, 14th September in Manchester. In this opening session, the Chairman of the British Orthopaedic Association, Mr David Jones, has organised a presentation entirely devoted to the current state of play and the achievements of modern Indian Orthopaedics. There are six substantial addresses in the course of the afternoon, which commences at 1330 hours, as follows:

Brachial Plexus Injuries, Primary Nerve Surgery and Late Reconstruction
Professor G A Anderson (Vellore)

Spinal Tuberculosis
Dr S Rajasekaran (Coimbatore)

Assessment and Operative Management of Congenital Club Foot
Dr A Johari (Mumbai)

Total Hip Arthroplasty in Ankylosing Spondylitis with Hips Fused by Bone
Dr P Bhosale (Mumbai)

Global Reconstruction on Day One, in Open Injuries with Bone with Soft Tissue Defects
Dr S Rajasekaran (Coimbatore)

16.30 ***Lipmann Kessel Travelling Professor Lecture***, to be given by Professor Kanda Pillay (Singapore)

The full programme of the British Orthopaedic Association meeting in Manchester can be obtained with application to the following e-mail address: ceo@boa.ac.uk

Seddon Society

It is unusual for **Geoffrey Walker** to be at home in London but he will be presiding as current Chairman of the Seddon Society (a prestigious club established in memory of the late Professor Sir Herbert Seddon) at the 14th annual meeting of the Society on the 16th July 2004 at the RAC Club, Pall Mall, London. From the Chair Geoffrey Walker will speak about his experiences for, and on behalf of, World Orthopaedic Concern over the years.

His invited guest speaker is **Professor Chris Lavy** who is flying in from Malawi to give an address on his experiences of setting up a hospital from scratch, of establishing a training programme and together with it co-founding of the East African College of Surgeons. Anyone in London at that time, or passing through, and is interested in these subjects, would be a welcome guest at the invitation of the Chairman (Geoffrey Walker's e-mail address is Geoffrey.Walker@Bigfoot.com).

Sicot 2004

Third Annual International Congress (AIC) in Havana, Cuba from September 26th to the 29th 2004. For and on behalf of SICOT we have received the following message

"It with great pleasure that the Sorelcomm SICOT agent would like to take the opportunity to invite WOC to partake in the SICOT 2004 Third AIC congress to be held in Havana September 2004 and also to the SICOT World Congress, to be held in Istanbul on September 2nd to the 9th in 2005……We hope you will join SICOT in the exotic and charming Cuban capital and the exciting city of Istanbul where East meets West in a wonderful setting."

e-mail: d.duhaine@sorelcomm.ca

REGIONAL REPORTS

India

The General Meeting of WOC-India was held on the first day of the Indian Orthopaedic Association Annual Meeting at the Hotel Radisson. The meeting was chaired by **Professor T K Tanega**, a Past President of the IOA; 106 members attended. **Dr S Rajasekaran** opened the meeting welcoming all present. He referred to the success of the regional training scheme, which was initiated three years before. Some 54 surgeons from all over India had completed their training and one each from China, Bangladesh, Sri Lanka and Indonesia. Each candidate followed the speciality of their choice and all took an active part in the clinical and surgical work, a feature which is rated by the participants as a most valuable feature. The success of these programmes has been acknowledged by the SICOT Educational Foundation which has promised to support the fellowship for the next three years.

Dr Rajasekaran proposed that a new programme be started in which a senior professor of world wide reputation should visit the Centre for a few weeks, to participate in all clinical activities on the programme and share his knowledge and experience with all the staff of

the Department. This is to be known as the **TKS Visiting Professor** programme and was warmly supported by **Professor T K Tanega** from Indore and **Professor N S Laud** from Mumbai.

Sri Lanka

Dr Sritharan, (e-mail address: dr_sritharan@yahoo.com) President of the Sri Lankan Orthopaedic Association, announced renewed activity by the Sri Lankan chapter of WOC. This was warmly welcomed by WOC India who offered all help with their activities. Young surgeons from both Sri Lanka and Bangladesh were warmly welcomed and encouraged, should they wish to apply for the WOC-SICOT regional training scheme in India.

Spain

We hear from **Dr Xavier Martin** of the revitalisation of the Spanish Group of World Orthopaedic Concern, which will restore a vital link with the huge areas of Spanish speaking South America. We hope to cover their activities regularly in the future but in the meantime Xavier Martin's e-mail address is as follows: xmoliva@eresmas.com

Philippines

Palawan is the third largest of the islands of the Philippine South Western archipelago, with 650,000 inhabitants. Individual primary health care is provided by private practitioners but there is a government health service concentrating essentially upon public health. Specialist Orthopaedic and Trauma services, together with facilities for rehabilitation, is now provided on the island through the British Palawan Trust (BPT) established under the supervision of **Dr Jose Socrates** MD FRCS. His wife **Cecile** is also very much involved, especially since she gained a degree from the University of London in Community Based Rehabilitation (CBR) in developing countries. The results is a CBR service run from a house in the hospital grounds, with outreach to many remote areas through trained village health workers.

The Orthopaedic work load is mainly trauma and congenital defects. Many cases arrive at Palawan late, particularly if they are an accident or their birth happens in remote areas. Compound fractures are generally infected at presentation. Treatment has to be based on the conditions and the equipment available. Fractures are almost all treated on traction or in casts. Fractures of the proximal femur are not uncommon. The theatre is however not

suitable and not equipped for pinning or for arthroplasty. Per-trochanteric fractures are treated by four to five weeks on traction and then "mobilised". Sub-capital fractures have three to four days bed rest and then are mobilised on a walking frame. They are all walking, with sticks or a walker, with tolerable discomfort within three months. Mortality, which is low, is due to co-morbidity from cerebrovascular accidents, myocardial infarction or malaria. The question - "Do we really need to operate on every fractured neck of femur", is hardly ever put in western medicine!

The simple provision of a wheelchair is life changing for many paraplegics. Whilst trauma, such as falling from a coconut palm or off a jeepney, is a common cause, many are due to caisson disease from illegal "hookah" fishing. A chair provides for their mobility and the facility to become part of their community once again, some even finding work.

A recent case illustrates the range of services that Soc and Cecile are providing. Master C, a 7 year old, suffered a traumatic amputation at mid-tibia. This happened when he was caught up in some unprotected machinery. Soc was able to get cover without further shortening the bone by using simple tissue expansion to gain skin. C was then taught to walk in the BPT physiotherapy unit, initially with crutches and then with a prosthesis made in the orthotic and prosthetic workshop. This was achieved with no cost to the family or need to fly to Manila.

One of the commonest congenital deformities after club foot is constriction band syndrome. I do not understand why there are so many, some with digital or limb amputation. Is this a common condition seen in other developing countries? These patients rarely require surgery except to tidy up an incomplete amputation but they do benefit from our prostheticist with aids for daily living. We also see many cases of cerebral palsy reflecting sub-optimal obstetrics, chronic diseases and mal-nutrition. The network of village health workers, set up largely by Cecile, helps the family with support, advice and the provision of various orthotic devices and special chairs. The community rehabilitation officers, now part of the Trust's team with help from the Cristoffel Blindenmission, arrange and supervise physiotherapy for these patients. The future plans of the Trust are to acquire another Philippino orthopaedic surgeon to develop training and establish sustainability. Our next project is to build a training centre for which we are

applying for grants and appealing for donations. (This report is forwarded to us by Louis Deliss: e-mail address loisjdeliss@aol.com or palawantrustuk@aol.com)

Bangladesh

Prosthetic Outreach Foundation (POF). The Newsletter office has kindly been sent a substantial Report, celebrating the anniversary of the establishment of the Prosthetic & Orthopaedic Centre at the Nalta Hospital in Bangladesh. This work has been the product of collaboration between **Dr George Bagby** of Seattle and **Dr Ruhal Haque**. This richly illustrated brochure covers the celebrations of this anniversary with a history of Dr Bagby's enormous energy channelled through the Dhaka Lion's Club and Rotary. Much hardware was delivered, not only in relation to external prostheses for limbs lost from mines etc, but also surgical instruments including those for athroscopy and fracture fixation. The details of this shipment, from so many sources, mostly in the United States, represents an impressive collaboration between a number of bodies which George Bagby, through his energy and charm, was able to put together. He is an inspired facilitator who would overcome any local difficulties. He obtained assurances that the hospital, near the Western border of Bangladesh with India, would experience no difficulties with patients crossing the international border. With this in mind a satellite clinic was to be set up at Satkhira on the border. Dr Bagby also recognises the substantial contribution of basic hospital equipment trans-shipped by arrangements with **Mr Robin Denham** from the UK by way of his contacts with World Orthopaedic Concern and OO, the United States chapter of the same.

Apart from the actual full sets of "limbs" brought out by Dr Bagby it is clear that the organisation were well aware that the provision of "a foot" is not the end of the story but rather the beginning for ongoing and continuous care of a piece of machinery which can wear out or break. In other words the important thing is to set up an engineering shop for continued production and servicing. His aim would be to provide an external limb within three to five days; but he was concerned as to what a patient might do during that unavoidable waiting period. *(To anyone experienced in the provisions of western National Health Services will know that such a delay is incredibly short and patients are quick to learn the slow art of procrastination.)* Dr Bagby lists a number of communication points, e-mail addresses and so forth, of which perhaps the most significant is that of **Mohammad Shahid** who works for UNICEF. His e-mail address is mshhid@unicef.org

Dr Bagby describes in detail the celebrations of the anniversary (December 11th 2003) which included a parade through the town of Nalta by marching amputees. He also made several visits to satellite towns and villages, (many without electrical power) to visit dozens of patients of the prosthetic service. He describes various clinical details demonstrating the fact that there is no standard amputation in conditions which are largely traumatic and that everyone presents individual problems requiring indefinite attention. He discusses the mobile knee joints in a prosthesis in relation to the site of amputation and the patients' amazing ingenuity at achieving stable mobility. Everywhere the involvement of the great donors, the Lions and Rotary, through the philanthropy of individuals and corporations in Seattle and Dhaka, is gratefully acknowledged.

In the summary Dr Bagby drew the following conclusions from his experience on this visit and of course over the preceding years.

1. Amputations must be done appropriately and at the stations where the prosthesis can be prepared. In other words the amputation and the prosthetic manufacturer must be very closely linked, with constant communication between the various doctors involved in each aspect.
2. With children's amputations, planned revisions must be arranged well in advance so that the patient and his family understand that problems persist as long as growth proceeds (and different ones thereafter).
3. There is a debate between those who would prefer a through-knee amputation as opposed an above-knee amputation through the shaft. The latter offers a better artificial knee joint but the former allows the patient to kneel without his prosthesis! (In children of course, to lose the lower end of the femur loses huge potential for growth.)
4. Routine care of diabetics is essential in view of the fact that poor care of the condition with the danger of infection around the foot, may lead to deep, anaesthetic infectious gangrene.
5. In the matter of road traffic accidents, perhaps the most vital structure in a mangled limb is its blood supply, without which necrosis leads to failure of any surgery. The facilities therefore of vascular repair, both venous and arterial, has not perhaps received appropriate attention.

All these considerations lead Dr Bagby to the conclusion that a prosthetic centre and a general hospital must be closely linked.

Close professional association between Dr Ruhal Haque (hqtrauma@dhaka.agni.com) and Dr George Bagby is at the very root of this most successful venture. Finally he confirms the collaboration between the Rotary, and the Lions Club of Dhaka with that of Spokane Valley, Washington State. (gwbagby@aol.com)

Bangladesh II

IMPACT (UK) proudly present the first five years of the Jibon Tari (Boat of Life) which sails, or more properly is periodically pulled by small tugs, through the Delta waters of Lower Bangladesh. After a few months at one mooring the flat bottomed hospital boat is pulled to a new area. Ahead of this journey the publicity campaign announces the arrival of the vessel in advance so that people with the appropriate surgical problems can be collected, be it ophthalmic, ENT or orthopaedic. The latter work in orthopaedics has been expertly covered by **John Lourie** from Milton Keynes and **David Jamie Evans** from Exeter. Quickly a small town develops in the form of an outpatient waiting area on the river bank. The start of each visit is an intensive period of triage. Local assistance is given by the Bangladesh Red Crescent and a number of other commercial philanthropists who take it in turn to supply tented accommodation for those both waiting and recovering, and food. Recently while at Mollarhat some 524 people underwent surgery during the Jibon Tari's visit. (e-mail: impact@impact.org.uk)

Palestine

Media coverage of international events has never been so prevalent or effective. Few catastrophes escape photographic coverage for long. Compassion moved **David Halpin** (Exeter) to action on behalf of the destitute in Gaza where modern weaponry effects systematic destruction. He rented a 65 metre tramp steamer (the M.V. Barbara) with its Scandinavian crew to transport 55 tons of Relief - medical equipment, clothing and food stuffs, donated and collected widely from South West England, from Torquay to Gaza. They, including Halpin himself, crossed the storm tossed Bay of Biscay and the length of the Mediterranean Sea to Gaza. In this strip of embattled Palestine the object of their philanthropy was filmed and humanitarian conclusions drawn. This gesture was a huge undertaking for one man; but for the Gaza Strip perhaps, a drop in a turbulent ocean.

OBITUARIES

Dr Geoffrey Walker has written most sadly at the sudden and unexpected death of a personal friend, **Mercer Rang**. After training in and around London in the sixties Mercer joined the Orthopaedic Department of the University of the West Indies, Jamaica organised and run by **John Golding.** It was here, over a period of a few years, that he experienced the congenital and acquired deformities of deprived communities. He moved to the Childrens Hospital in Toronto with an established reputation. Later as the first Lipmann Kessel travelling professor on behalf of WOC, he journeyed through East Africa including Ethiopia in that capacity and made important observations and constructive suggestions about the organisation of orthopaedic services.

Mercer was one of the many very gifted teachers and writers of the new orthopaedics which would develop during the second half of the last century. Many (including this editor) will remember his wit which was occasionally mischievous, and the sense of enthusiasm and excitement which pervaded his writing (several books on orthopaedics) and rostrum presentation. Particularly memorable is his "Anthology of Orthopaedics" written from Jamaica in which he describes the classical eponymous orthopaedic diseases and physical signs with illustrations drawn most beautifully by the author himself. In Toronto he was one of those whose reputation contributed to the impression that Toronto was then the Orthopaedic Capital of the World. Since retirement he worked in Asia until sudden illness struck. All who had the privilege of knowing him were stimulated and richly rewarded. He was one of western orthopaedics' great teachers and the kindest of men. He will be greatly missed and his memory treasured.

Ron Huckstep writes to mourn the death of **Ronald Beetham** FRACS, Past President of WOC, who died in December 2003 at the age of 78. Together with John Jens he visited Indonesia in 1966 where at that time there was only one trained orthopaedic surgeon, in Jakarta. Following this he developed an excellent orthopaedic training programme for Indonesia and in 1968 became Chairman of the Care Medica Programme for eleven years. Between 1969 and 1990 he was the external examiner for the Indonesian Orthopaedic Training Programme and with Bill Cumming and many other Australian orthopaedic surgeons, regularly visited Indonesia where they taught and examined the surgeons in training. He contributed to the foundation of the Indonesian Orthopaedic Association in 1976 and became its corresponding member. He was amongst the creative forces of WOC, attending the initial meeting at Oriel College, Oxford in September 1978

and in Lagos, Nigeria in September 1977, when World Orthopaedics Concern was officially inaugurated.

His honours included the Australian Council for the Disabled Presidential award and Rotary's Paul Harris Fellowship in recognition of service in the community. He was made a member of the Order of Australia on Australia Day's honours list in January 2000. Our deepest sympathy is extended to Mary, his wife for over 50 years, and to their sons John and Peter and their grandchildren at their very sad loss, mixed with a measure of pride at his most notable achievements.

CORRESPONDENCE

We acknowledge an appeal from Dr William B Pratt, a member of OO, and circulated amongst other members of OO, describing in impassioned terms the atrocities that health service volunteers regularly encounter. No-one can be unaware that much of the acquired disability in the world emanates from human atrocities from more or less criminal actions. Widespread coverage through the media have made the horrors in such places as Sierra Leone, Rwanda, Uganda, Congo and most recently the Sudan, all too familiar. This is a delicate matter, on which this editor does not feel it right to take a position. To enter the argument as to why every nation should participate in the International Criminal Court (ICC) or more particularly why some nations decline to do so, is a political decision beyond the remit of this Newsletter. Dr Wilson's argument is cogent and he would be glad of support at his e-mail address: prattsalwm@earthlink.net

AFTERTHOUGHT

In all the above quoted messages and reports there is one word which pervades all and which we hardly ever use. Our "News" concerns those pieces of orthopaedic work which we attempt to disseminate through areas where it is not available but widely required. Any gesture towards that aim requires some financial sacrifice. That unused word is **Charity.**

The first Letter to the Corinthians reads: "Now abideth faith, hope, charity; but the greatest of these is charity". Leaving aside that the translation through several languages may have warped its meaning, (St Paul really referred to **love**), we are left with that quoted word charity. It is an awful word in every sense and one that arouses a variety of emotions, not all honourable. One of our hardest tasks is how to pass a beggar. To do so

challenges our very humanity. Do you hazard eye contact, look away, pretend not to notice or defile yourself with an untruth ("not carrying any cash, sorry"). Or having made a donation, do we notice how quickly the recipient turns to the next man or woman with his hand out, with no appreciation to you. The beggar has a powerful weapon and it is loaded. Once you have paid your blackmail, do you not find yourself inundated with other appeals?

This dilemma is exercised in the international scene, most professionally in Columbia, the World Capital of Kidnapping. On a preceding page, brief mention is made of the heroic gesture by David Halpin, a member of WOC from Devonshire. Surely one of the kindest, most humane of men whose response to his emotional experience was to sell almost all and give to the poor with the uncomfortable concern that those who "ponce" on the poor will doubtless benefit. And yet with all this prodigious generosity, Man's humanity is not extinguished. WOC needs money to satisfy that universal emotion but knows it fails to do so. Its members in general chose to imitate that biblical gesture of "washing the feet of the diseased and impoverished" but the subject of money just never comes up. In small ways we try to recognise the great generosity of donors, those who give of their time, and those who even pay their own expenses in order to do so. Your editor's duty is to publicise their actions.

(All news please to: **Michael Laurence** at mlaurenc@netcomuk.co.uk)