

NewsLetter



**An International Society For Orthopaedic Education and Care in
Developing Countries**

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The first editorial message is one of apology that there has been a hiatus in the production of this newsletter, the 98th. As has been announced, with regret, the great generosity of the Lee Foundation in Singapore, which alone paid the considerable cost of distribution by mail, has not yet been replaced by a new philanthropist. Messages have been sent to a number of possibly charitable bodies, in the hope that the value of its distribution might be realised and that someone might see, in this newsletter, a service to the developing world worth supporting.

Our principle interest is in the work done, not on behalf of WOC as such, but by those less well supported health providers. Through these presentations of their contribution we hope to generate an interest in others, and to express our admiration for unsung endeavour.

ACTIVITIES

Charitable support has been offered by CURE and by Ethiopiaid for the continuity and follow-up of the Ponsetti courses run in Addis, currently by Sally Tennant. Dr. Woubalem has recently returned there from Egypt and is keen to become the co-ordinator of this service, and, more importantly, of its continuity of follow-up. Dr. Birhanu will be the visiting trainee, this year.

The work in Malawi is benefiting enormously from the accumulation of new theatre equipment in Blantyre. The training post has been accredited as part of the UK specialist rotation, a position that needs to be confirmed at regular intervals. Professor

Chris Lavy, who has taken up a post at Oxford, UK, will retain an active visiting role at Blantyre to maintain his parental interest in the department. As the forthcoming Chairman of WOC(UK), he might express some bias there.

John Jellis continues to expand the service to 'cash-strapped' Zambia. The Flyspec service has been given a further aircraft by the charity "Wings of Hope", but now a new hanger is required!

The WOC newsletter joins in congratulating Health Volunteers Overseas (HVO) on their 20th anniversary. They are even more delighted to announce their 5000th Volunteer placement in a variety of modalities. These have included the training of nurses, and of nurse-anaesthetists in Belize. An excellent documentary film (awarded a Bronze Medal) has been made of the work of the organisation, whose contribution to orthopaedic work we are happy to publicise (<http://www.hvouisa.org>)

VISITS

Your editor made a visit to Markasser, the Principle City of the Indonesian island of Sulawasi, the fourth largest island in a country of uncountable islands, which together boast some 98 % of the world's languages! Sulawesi itself, (once called Celebes when we were at school) is home to 16 million souls who use 150 different languages and follow a dozen differing religions. The island contains a myriad of polyglot societies or tribes of great antiquity retaining traditions relating to migration from the far north-western Pacific coast.

It is hard to ascribe a national identity to Indonesia, a country of 250 million so widely disparate peoples. It is typical of numerous developing countries in its variety, complexity, richness and poverty. Medicine (and in particular orthopaedic surgery) is practised in a community, ignorant and suspicious of modern medicine, and in spite of a paucity of equipment.

Historically this was once part of the Dutch East Indies. Markasser has a natural harbour, once defended by the now dilapidated Fort Rotterdam, about the only remnant of its colonial past. The immediate countryside is flat and peaceful, and the sea as calm as the doldrums. To travel into the hinterland reveals a lush, fertile agricultural land, enjoying daily rain, moderating its equatorial climate, about the turn of the year. Everywhere is richly green, producing at least two crops of rice a year. The main roads are good if narrow and everywhere lined with a variety of fruit bearing trees - avocado, papyra, citruses and all types of nuts, from peanuts to pestachio. Every village or small town along the route is spotlessly clean and every home richly decorated with brilliant flowers and flowering trees, demonstrating domestic pride. An equal industry, which I did not expect, is fish farming. All along the flat coastal road are fields under water, which I imagined were for rice. In fact they take advantage of the calm seas and small tidal range, to allow flooding with brackish water, partly from the sea, in which shellfish are bred, fed and harvested. The staple diet is therefore rice and fish, with the occasional addition of meat of various types according, not to climate but to religion; pork, but not in the Islamic parts, or beef, except in the areas which are Hindu or Buddhist.

As with so many similar, developing institutions the orthopaedic training is in advance of their equipment. A patient requiring a 'hip replacement' has to buy the prosthesis, which would cost more than a year's salary. Some, reading this report, will no doubt feel, as many do, that cheaper, perhaps out-of-date prostheses should not be sent to developing countries on the basis that if we in the west consider them to be inferior for western use, they should not morally be passed on to the impecunious. To visit such places of excellence, where quite excellent work is being done relative to their facilities, does change minds.

The age-old problem of the bonesetters is often raised. I spoke about the Ethiopian message given at SICOT (Istanbul) to the WOC meeting, demonstrating how communication with instruction can reduce much of the problem. Clearly in Slaws there is animosity, based upon positive obstruction by the bonesetters, of any of their patients taking Medical advice! I accept that patience is needed. It is particularly hard to see the quite excellent orthopaedic department being obstructed locally. But they could hardly do more work than they are pressed to do at present.

The orthopaedic department has an impressive library of textbooks – all pirated photocopies of indifferent quality! The spirit is willing but the currency is weak!

This visit confirms the reports, which followed previous visits by Ed. Blair and Ken Tuson in years gone by. The Camaraderie of Orthopaedics is alive and well in Indonesia, and is to be encouraged.

One duty of this writer was to convey one of that year's Eyre-Brooke medals to Professor Chairuddin Rasjad at the Hassanuddin University. The award was made for the fact that Chairuddin, having been trained in Orthopaedics through a rotation including Singapore, Jakarta, Hong Kong and Japan, returned to his home town, Markassar, 35 years ago. Since then he has built up the training rotations for 38 orthopaedic trainees at present and a most capable team of seven colleagues. This has been a magnificent accomplishment starting from scratch, with minimal facilities

Another of your correspondent's tasks was to contribute to the teaching programme. Lectures were delivered each day for about two hours at a time, in English. This is the language in which the trainees will be examined, but not the one in which they can communicate with the patients. Indeed not all of the patients have Indonesian as their first language. But this lecturer tired long before a single listener. The actual occasion of the presentation of WOC's medal was a major University Event with dignitaries and gowns and gracious speeches.

Your editor continued his itinerary with a visit to the home hospital of the new President of WOC (International), Professor Rajasekeran at the Ganga Hospital at Coimbatore, in Tamil Nadu. India is a country that never fails to fascinate and amaze. This visit was no disappointment. The standard of complicated, high-tech. navigated surgery is of a height hardly equalled at any Institution anywhere in the world. Rajasekeran is well known for the training program that he has organised through Coimbatore for trainees who come to the Ganga Hospital from most parts of South East Asia, but also from all over the World. It is not inappropriate that such high tech. surgery is to be found in this core of WOC. As Antonio Socrates has often stated from Palawan, appropriateness depends upon locally available equipment - the practice of

orthopaedic surgery varies in character from place to place, but not in its fundamentals! India does not differ from every other country in the world in that one finds the most advanced technology, “cheek by jowl” with honest endeavour under most straightened circumstances.

Orthopaedics is indeed fortunate to boast the best teachers in the world in some part of every corner of the globe. Differences occur in the case-mix requirement. Teaching must cover every aspect, but training is specific. It must take place where occurs the pathology, which the trainee is going to address for the rest of his professional career. That is a matter, not always precisely definable, which is why every trainee (and therefore every trainer) must retain an open, flexible and adaptable mind, based upon the fundamentals of pathology and biological mechanics.

PERSONALITIES

Such a situation was to be encountered in Bangladesh, where Professor Ruhul Haque has practiced for many years and in 2000 set up the Nalta Hospital for Prostheses and Orthoses, the only one for the Disabled, in the south-western part of the Country. This was a joint endeavour with Dr. George Bagley from the United States, and was celebrated by the presentation to Professor Haque of the Dr. Bidram Chandra Roy Award for his outstanding contribution to Medical and Social Services in Bangladesh. Professor Haque is President of the Bangladesh College of Surgeons and Head of the Orthopaedic Department of BSM Medical University of Bangladesh.

The award was set up to the memory of Dr Roy, who was not only the most eminent physician of his day, in the area before Independence, but also the Chief Minister of West Bengal. The occasion of this award was arranged by the International Civil Society and held in Kolkata, India, in the presence of Mr. Justice Sen, the ex-Governor of West Bengal and Chairman of the Humanitarian Commission of India, and the Education minister of India, Dr. Protap Chandra.

It is appropriate at this juncture, to pay tribute to one of our number whose connection with Bangladesh was largely instrumental in galvanising interest in that great country, during its period of development, “Ginger” Wilson, who died after a brief illness in April 2006. On Thursday, May 25th 2006, the little Church of All Saints, Watford, just north of London, was packed to standing room, with a crowd of colleagues, friends, fellow parishioners and patients, who joined his family, to pay their respects. His was a remarkable life. In the eulogy from the pulpit, time did not allow mention of his distinguished War record, his Orthopaedic ‘baptism of fire’ in the aerial bombing of Birmingham, where he was a student, his day and night surgery as a newly qualified doctor, his enlistment in the army towards the end of the war, or his parachute drop into Norway. His specialist training was classical, through Oswestry and Cardiff, but it was at The Royal National Orthopaedic Hospital at Stanmore that he made his reputation. It was an age of developing subspecialties, but to Ginger a subspecialty was something to add to a full general commitment, not to replace it. He was the ultimate team man always willing to take on the extra and the unorthodox. His contributions to orthopaedic surgery are various. They included his simplification of surgery for Hallux Valgus; his part in the development and successful implantation

of the one of the pioneer replacement prostheses for the hip (the Stanmore) and his opening of the Trauma Unit at Stanmore, which had not previously provided an emergency service. He was the surgeon for the Tumour Service and implanted the massive metallic replacements for the Limb Preservation Unit. But even all these did not constitute his most important contribution, his pioneer work leading surgical teams to parts of the less advanced surgical world and taking with him trainee registrars who contributed hugely to the service for crippled children in Kano, (Northern Nigeria). After he “retired” (a word which is completely inappropriate in Ginger’s case), he visited Dhaka, in Bangladesh, and Addis in Ethiopia, not just as a visitor, but a working, teaching surgeon. His influence as advisor on the board of the Impact Foundation did much to guide that philanthropic body into funding Orthopaedic work in the Indian Subcontinent. His leadership was through quiet example; his unstinting and tireless donation of time and energy has inspired a generation of, may I say, Ourselves. His leadership from Presidential positions throughout WOC, and even the inauguration of this Newsletter, will always be the living Memorial to a man of vision and heart.

These and many similar expressions of appreciation were expressed verbally at the Memorial, or read out to the assembled company, from every part of the world. The overall conviction of all present, that this had been a great life, was enriched by the profusion of happy anecdotes, exchanged over tea.

We owe this Newsletter to his initiative, and here express our earnest wish that its distribution can be funded, for the benefit of all who applaud the work of World Orthopaedic Concern.

This newsletter will be posted through the e-mail system; any help in passing it on will be much appreciated. And it is hoped that the recent paucity of news items sent to this office reflects a (temporary) failure in communication.

Mike Laurence