

# WORLD ORTHOPAEDIC CONCERN UK

*Newsletter No. 102 - July 2008*

This newsletter contains but a few items of news and interest except the first, the program for our meeting, which follows. This **Triennial Meeting**, within the programme for **SICOT**, is to be held at the Renaissance Hotel in Hong Kong, in August 2008. This is our major platform for the discussion of Orthopaedics within the context of the work of WOC. It is hoped that as many members of both WOC and SICOT will appreciate the importance of our meeting and be able to attend.

Every community – I reject the word country because everywhere in the world has both poverty and opulence, tragedy and waste – has its own current standard of practice and all are capable of improvement. The story of WOC, and all similar bodies, is one of progress and success; but for each little triumph there are a dozen others in the same or similar need.

In the **Agenda** you will notice that there are subjects relating to the practice of surgery under straightened circumstances, but also to the application of advanced technology capable of performance in an efficient and economical fashion. Nowhere is there acceptance of what is “cheap”, in the tawdry sense of the word, because nothing less than the highest standards are acceptable. But WOC’s emphasis is always upon that which is both best and appropriate, and the avoidance of all that is of marginal value to either the patient or the community.

There is also, in his Agenda, an emphasis upon those well known and frequently seen conditions which present with the complication of “delay”. You will note the frequent reference to the word “neglected,” implying no failure of care but rather the appalling distances that the badly injured and seriously ill, have to travel for hospital attention. Presented are experiences of remarkable achievement in less than ideal circumstances.

## **CORRESPONDENCE**

The editor has received a regular announcement of the updating and upgrading of that invaluable teaching aid, **Ron Huckstep’s 2008 WOC Guidelines – CD Rom**. I take this item with me on any teaching trip, partly to guide me on matters which he and his co-author **Dr. Eugene Sherry**, know so well, and partly to leave behind after my visit. As described below the teaching of medicine in the developing world is under huge strain, partly on account of the demands of the sick - with education goes an understanding of what can be done for conditions previously thought of as incurable acts of God! - and partly because every country in the world has an uncontrollable expansion of those weapons of mass destruction, motor cars.

The appetite for information, among the students, is voracious. This CD Rom is hugely appreciated. “The authors are prepared to give permission to any doctor, medical student, nurse, paramedical personnel or others involved in trauma, to download and copy any of the teaching aids without restriction.” The 2008 website has been designed so that it can be easily downloaded...even on elderly equipment. The following addresses are open: -[www.worldortho.com](http://www.worldortho.com) “e” – [rlh333@optusnet.com.au](mailto:rlh333@optusnet.com.au) or by facsimile to 6102 9967 2971.

## REGIONAL REPORTS

### ETHIOPIA

This correspondent has recently returned from a month at the Black Lion Hospital, Addis Ababa. His visit coincided with a hugely ambitious expansion of the Curricula of the University in order to develop all the scientific programs, one of which is Medicine. This poses a number of obvious problems for a country without vast natural resources. The planned expansion of places at Medical School, for which the Black Lion is one of the principle teaching establishments, will add enormously to the burden of the rather small team of staff orthopaedic surgeons. Surgical teaching has been closely linked with a procession of senior surgeons from the UK and more recently also from the US.

The list includes the names of Reggie Merryweather, Ginger Wilson, Bill McQuillan and Geoffrey Walker, all of whom spent long periods there. Shorter visits were made by Rang, Fearn, Eckersley, Fullilove, Tennant, and Wood.

Inevitably, times change. The trauma load is now massive. The daily toll of serious fractures is now in double figures, and the call to moonlighting private practice spreads into mid-day. There is a huge call for the teaching skills of those who are experienced in a trauma load. If the University’s planned expansion is to be realised there will be a gaping shortage of postgraduate (hands-on) Teaching Staff.

As is often the case WOC is in position to provide at least some of that requirement at the Black Lion, if skilled and experienced men are ‘to hand’. There is spacious accommodation (a flat belonging to WOC); but the need is for periods of more than a month. My own experience is that it takes at least two weeks before one can make a meaningful contribution to the teaching program, both in theory and practice. It is the difference between being a welcome visitor and being a part of the staff. The junior doctors are desperately short of supervision. The hospital itself, structurally and spatially fine, requires involved visitors.

In this, WOC has the opportunity to act as a bridge between two sides of an ever widening, metaphorical river, across which there must be continuous communication and cross fertilisation, if the best available service to a community is to be provided. One side of the bridge is a sophisticated and technically equipped medical service;

the other is poverty, lack of training, shortage of doctors, of instruments and scanning facilities, and ignorance. There has to be a link or Medicine will fail. The demands of a modern city will stretch that bridge to the point of collapse.

*(Expressions of interest can be channelled through my "E" address, [Laurence.mike@googlegmail.com](mailto:Laurence.mike@googlegmail.com)).*

## PHILLIPINES

We are delighted to receive a wonderful Newsletter from the Palawan trust, on whose behalf **Louis Deliss** has just returned from a visit to the recent recipient of the Eyre Brooke Medal, Socrates and his wife Cecile. "Soc" maintains his principle of "Appropriateness" – the title of his monograph on Orthopaedics on the Archipelago.

There are several different types of Newsletter; that from the Palawan Trust is aimed to a large extent towards potential charitable donors. There are idyllic pictures of the country and of the islands, and of working clinics, from Louis's energetic and delightful diary. His narrative gives life to the individual problems and how ingenuity can solve them in the context of the community. What emerges from these anecdotes is a picture of surgical success in terms of patient satisfaction, and an insight into an attractive people. The British Palawan Trust (BPT) is approachable at [www.britishpalawantrust.org.uk](http://www.britishpalawantrust.org.uk)

## MALAWI

**John Cashman**, who used to be the paediatric orthopod, at Bristol is now well established in Blantyre. In May of this year he had generous support from the **Furlong Foundation**, to mount and organise a course on the use of Ilizarov external fixation equipment. This was keenly supported from the surgeons of East Africa. The emphasis was upon the contribution that principle can make towards the chronic problems so often seen in the developing world. Care and maintenance of the reusable parts was an important feature because so many pieces of complicated equipment can so easy fall into disuse for lack of basic understanding of simple mechanics. This course, hopefully planned to be repeated, was a perfect example of how the best interests of "industry" can contribute to orthopaedic training and education without crude commercial patronage. With the best will in the world, this philanthropy can be mobilised to everyone's benefit and refute some accusations that commercial involvement in education places a bias upon science.

## COMMUNICATION

On the subject of **Communication**, (ever a matter of concern in this office,) we have received the following message from the president of WOC(uk), addressed to all members and followers of WOC.

"Dear Colleague,

The e-mail data base of WOC members will soon be ready.

We need to help country officers to motivate surgeon-colleagues to visit and teach; to find useful equipment; and to obtain the funding that they ideally need to further develop their country projects. WOC UK has about 300 members but only a few are presently active. We would like to communicate more with our members *individually by email* to try to motivate more of them to take an active part in the WOC projects.

If you would like to be included [and we need to include something from all the projects we support] please send us two items of information:

1] a one or two paragraph description of your country project and what you need, particularly regarding colleagues to visit and teach. This would be for the first e-mail informing members about what countries we are involved in and the needs of individual projects. [please send this first]

2] a longer history and present status of your country project. This is so that we can have this on our website for interested colleagues to refer to before perhaps phoning you to enquire more.

Many colleagues are now subspecialised and may be wary about what they might have to treat. A description of what skills are needed might encourage them to enquire further. Also many colleagues may find the traditional one month visit difficult to arrange with a full time contract to fulfill. If you would consider that 2 or 3 weeks could be useful - even if this might mean that the first visit was only partly productive - please say so, as once interested....."

(from Chris Lavy and Dalton Boot. <[dalton.boot@which.net](mailto:dalton.boot@which.net)>

**and finally.....**

International catastrophes will always capture the headlines of the media. The most recent was probably that in **Myanmar**. One of our members (**Ricky Villar**) was part of a humanitarian endeavour sitting off the south-west coast of Myanmar on a well laden ship only to be turned away. But the experience of so many of our members, even from those allowed in for humanitarian purposes, tells us that Orthopaedics has a limited amount to offer in the acute stage of a natural disaster. Then is the time for the saving of life, for building of shelters and for feeding. **Medecins Sans Frontieres** has circulated an excellent publicity-style newsletter, written by their UK Chair, Dr. Christa Hook, in which their philosophy is persuasively stated, together with excellent

photography and convincing arguments. This noble organisation is surely the modern “French Foreign Legion.” < [www.msf.org.uk](http://www.msf.org.uk)

The place for orthopaedic reconstruction is measured and above all instructional. The old story;- the gift of a fish would feed a family for a week; the gift of fishing tackle, will feed them for life. The period of 2-3 weeks, referred to above is the minimum; a second or third fortnight, can be truly productive.

The editor would very much like to meet his readers at the meeting of SICOT in August. This newsletter badly needs its readers to contribute their experiences, and to ease the circulation of this Newsletter. A further appeal will be made through our adoptive parent body (SICOT) and also to the “surgical trade” who have such a wide interest in the Orthopaedic World as a whole. Pending the facility for surface mail postage, please “forward” this newsletter as widely as possible.

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