

World Orthopaedic Concern

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-

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laurence.woc@gmail.com

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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 who may not be connected through the “net.” It is addressed to all interested in orthopaedic surgery in areas of the world with great need but Limited Resources.

We repeat the announcement from the last Newsletter, regarding the October meeting of SICOT, in Hyderabad - “**Orthopaedics in an Unequal World.**” The closing date for submitting abstracts is March 10th, via the SICOT office (via Google), but burning subjects might be accommodated on the WOC session – *(to this “e”)* with the very same subtitle.

The main meeting promises to be the highlight of the decade, suggesting a firm placement of orthopaedic feet on the ground;- and relevant not to revision of revision arthroplasty, but to musculo-skeletal pathology and its correction and reconstruction.

Those listening to the radio in UK, *(and I too regret that our bias has often been on the UK, for the simple reason that the rest of the world must be too busy ?)* will have been concerned about medical statistics from Government and in the Lancet, about the increase in life expectancy *(in the West)* by four years over the past decade. Elsewhere most might have been impressed by that, but others depressed by the need for “care”. Take a refreshing view of third world Medicine. Half don’t get past the age of 40.

AFGHANISTAN

The history of the **Sandy Gall Afghan Initiative** is an interesting example of the many and varied enterprises that offer medical support where facilities are in pathetically short supply. In the last Newsletter (No 126) we made an attempt to categorise the modes by which orthopaedic assistance was most

usefully arranged. A little more thought leads one to the conclusion that every area, country, village and town is different from every other; and the nature of everyone who has been drawn to their help is also different. This is a classic example of how inappropriate any guidelines for the subject are, and how unusual situations lead to a common outcome.

Sandy Gall, now an octogenarian, was a high profile Newscaster for British Television and an award winning foreign journalist. His work took him all over the world until finally he came to rest in Afghanistan in the “nineteen seventies.” As war correspondent he watched and wrote about the struggle between the independent tribes and the occupying Russian army, and saw the impotence of military might to take and hold an unfamiliar terrain. He has written much about that war and its atrocities, both in his journalism and several books about the conflict. Like many correspondents, he was drawn to the under-dog, then the Mugahadeen. Most of the required surgery had been life-saving amputation. No prosthetic replacement service existed. Sandy arranged for one of the charismatic rebel leaders, who continued to hop about, literally, to be fitted out from Roehampton with a “leg”. Quite soon, swathes of the male population, similarly disabled, crowded the clinic. Sandy Gall set up a clinic for amputees, with the generosity of German “Limb” Manufactures, with the surgical support of **Peter Styles** from Guildford, who had in his training, worked in the leading vascular unit in London.

Out of this particular epidemic, flowed a need for precision in the performance of amputation – no longer to save a life, but to fit a prosthesis, for which much surgical revision was required. By the time Peter had a heart attack and was obliged to pack up, a wide variety of totally different problem cases followed in the footsteps of their fathers and brothers. **John Fixsen** joined the team with paediatric expertise, but he also had had considerable experience in adult amputation. By now club foot, DDH and polio had joined the queue. They were

fortunate that, as the politics of the situation in Afghanistan became complex, the interest of the Swedish Embassy in Kabul was enlisted, and continues its philanthropy to this day. John makes two or three, three-week visits to Kabul each year and guides the development and provision of orthoses, prostheses and wheelchairs – the largest such unit in the country, still beset by mines.

It always takes time for an unsophisticated population to become convinced that “foreign unbelievers” are to be trusted. The prosthetic work was the catalyst for a clinic now performing a wide variety of elective procedures, both adult and paediatric, and has provided the means by which they might be enabled to return to peaceful and gainful employment. Time has elevated Sandy Gall into the affection of the population, and with him the doctors who have worked in his clinic. His problem is how to perpetuate the work and support it financially, when the time comes when he or his family no longer can. There is no doubt about the need for it. Too many such enterprises, with such an established reputation, have foundered on domestic difficulties, beyond outside understanding or assistance.

INDIA

The **Association of Rural Surgeons of India** (ARSI) is to combine with the **International Federation of Rural Surgery** (IFRS) in organising a three day Conference, to be held at the Shri Vigad Welfare Hospital in at Bachau, Kutch, Gugerat, in North Western India. November 22 – 24th 2013. This meeting has much support from the Times of India’s Welfare Trust.

It will be the 21st such conference for ARSI, and the 5th for the International Federation (IFRS). A broad faculty includes representatives form Germany, Holland and Nigeria

According to the announcement by Dr **Ram Prabhoo**, the scientific programme will cover clinical and research papers with emphasis on what is

ingenious, inexpensive and essentially effective and safe. (*The words “minor surgery” do not appear in the title -- there is no such thing! Only minor surgeons! Ed*). Vigorous discussion will be encouraged by an open forum system of presentation, with practical videotape displays of technique.

To build upon a solid base of the common and established treatments is a wise principle. The aim must be the avoidance of error, which occasionally leads on to require major, salvage surgery.!

[<ifrs.arsi.con2013@hotmail.com>](mailto:ifrs.arsi.con2013@hotmail.com)

By a curious coincidence of contrast, the **Royal Society of Medicine** in London, (Section of Orthopaedics) held a symposium in February, with the title:-“**Transferability of Affordable Healthcare in India**”, using as a model, major orthopaedic procedures. Scheduled papers by leaders in Medicine and Politics, included the following intriguing titles:-

“Training and Research for Export”

“Indo-British Affiliations – NHS for Export?”

“Affordable Healthcare for 1.2 billion Indians”

“The Bangalore Experience”

“Medical Tourism in India.”

“Affordable Tertiary level Healthcare”

Healthcare has become a transportable commodity, through movement of patients and surgeons about the globe. There is a vigorous debate as to which is the most mobile and flexible commodity. Freedom of surgical information, and of course the all-pervading internet, has resulted in universal knowledge about conditions elsewhere; and the demands of “patients” are based upon known standards available – in exchange for money! But this situation has developed, not through Charity, but through the spread of information and the exchange of technical training.

GHANA

Orthopaedic surgeons needed for 2-4 week assignments in 2013. Volunteers provide teaching and training to surgeons at Komfo Anokye Teaching Hospital in Kumasi. Orthopaedists specializing in trauma, pediatrics, and hand/upper extremity are required. Please contact the [program department](#) for more information. n.kelly@hvousa.com

ETHIOPIA

Your editor has just returned from a three week visit to Addis Ababa, where he found the orthopaedic dept in good form. New appointments to the senior staff bring the total to eleven. Two new operating theatres are being constructed within the Rehabilitation and Orthopaedic building, through financial benefaction from Australian Doctors for Africa (ADfA), negotiated through Dr **Grahame Forword**; they are expected to be in operation later this year. The commitment of WOC (including OO) towards the department may be reaching a state of maturity in which new modes of surgical treatment will become very possible. As that situation develops, so the needs in Addis will change. The complexity of surgical treatments will require visits from specialists to help in the technical training. In other words differing sorts of volunteer will be required; and those who have previously attended the Black Lion might go the provincial cities, through local arrangements.

Traveling Fellowship

Applications for 2013 HVO Orthopaedics Traveling Fellowships are now available. This Fellowship will provide funding for senior orthopaedic residents (4th or 5th year) to volunteer at an active HVO orthopaedic project for a period of at least four weeks. Four fellowships are available in 2013. Visit the [HVO Fellowship webpage](#) to learn more. Applications are due by April 20, 2013.

CORRESPONDENCE

From **Loius Deliss**, with reference to the untimely death of Jose Antonio Socrates in Palawan, reported in our Newsletter of December 2012:-
“Soc had tried with mixed success in his attempts to train local Hilots (the Filipino traditional healers). Their firm belief that vigorous massage was essential to bone healing was difficult to break! But we continue to train the village health workers. Each village has a health worker paid by the village to look after the sick and disabled whilst the family goes to work. This training has been very successful. I am also exploring the possibility of a senior Orthopaedic trainee from the Philippine Orthopaedic Center in Manila to visit on a regular basis. This would help us and be a great addition to their training.

I do not expect to "replace" Soc, as all Orthopaedic surgeons are now trained to believe that fractures will not heal unless internally fixed. I will however continue to teach them the fundamental non-operative treatment methods, upon which all else in traumatology is built.”

Louis Deliss □ Chairman British Palawan Trust □ www.britishpalawantrust.org.uk

(M. Laurence)