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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 "concerned" who may not be connected through the "Net." It is addressed to all interested in orthopaedic surgery, particularly those who work in areas of the world with great need, and very limited resources.

The SICOT Meeting in Rome was all that it purported to be – SICOT claims its right to represent every aspect of orthopaedic surgery, whether or not our colleagues, in remote places, have all the equipment we are enjoined to purchase in the glossy trade hand-outs. At the same time innovative and inventive matters were addressed; and the Society Diploma examination was held.

In the Welcoming Message on the opening pages of the Final Program brochure for the 37th Annual Meeting of SICOT, the President of the Society wrote:-

" I wish to draw your particular attention to the sessions on Orthopaedic Surgery in the developing or low income countries, contributed by the AO Alliance Federation and World Orthopaedic Concern. Promoting education and service in the less privileged countries, is one of the main missions of SICOT.

We are spearheading the ***"Bridging the Gap"*** project together with the like-minds to tailor-make programs for the different regions of the Globe." **K. L.**

Professor **Kieth Luk** introduced the "Working Group" on the project of **"Bridging the Gap"** from whom many differing view-points emerged. **Dr Jamie Quintero** (representing the AO Alliance Foundation) began the debate with descriptions of the philosophy and involvement of the AOAF in parts of sub-Saharan Africa, addressing local requirements through courses of instruction in Trauma. The intensity of the need was emphasised by **Dr Wilson Li** (Hong Kong) with a socio-economical analysis of the LMICs (the Countries of Low Income). Statistically comparing Malawi with US, "if the North American population was to be served by Orthopaedic Surgeons in the same ratio (patients to doctors) as Malawi – the US would have a total of no more than 30 surgeons."

Local needs were described in detail by surgeons from Kenya, Ethiopia, Cameroon, Zimbabwe, &c. Varied aspects were quoted, with the common feature of all, the national shortage of qualified doctors. The reason for that situation is one of training which in turn requires a huge investment of Time -- which is expensive. M.L reported the local investment in all Ethiopian University departments (in 2006 and since). But the obstructive Gap is the limitation on the "Chief's" time for surgical supervision, bearing in mind the demands on his expertise for patients and administration. The lead surgeon is also obliged to earn a living wage through private practice for his family or he would be obliged to emigrate. This then is the important Bridge -- the provision of teaching and training for the surgical trainees, on whom the continuity of care will depend.

Several opinions expressed the essential need to keep the best surgeons in their own country, for the sake of its impoverished work-force; and for fear that the gifted surgeons (and there are many) are not trained in conditions quite irrelevant to their own land. There is therefore a duty to support and encourage the development of private practice. **Ton Schlösser** added the same general message in respect of service and training in Zimbabwe, with support from Dr **George Vera**, from Harare. Dr **James Kigera** added the same message from Kenya with colourful examples. All these lands have budding Orthopaedic Societies.

Dr **George Thompson** urged that proposals in support of the above, should be specific and in detail, in regard to breadth and length of time. He and Professor **John Dormans** expressed concern about the definition of objects and methods, in collaboration with the host Institutions. They suggested that SICOT and WOC should communicate with Governments and Ministries of Health to add authority and some responsibility.

The AO Alliance Federation (and under its previous heading - the AO.SEC) had run courses aimed at health workers without formal medical qualification, seeking "Fracture Solutions for Africa". Certainly General Surgeons (in the absence of Orthopaedists) were the most useful workers to look after fractures. Trauma training must include them. The question of including care workers from unorthodox Associations (bone-setters & traditional healers) was raised, but the delicacy of such a suggestion is acknowledged.

Approval of the campaign to train what are known as orthopaedic "Orthopaedic Clinical Officers" in Malawi, has been an outstanding success, enabling some district hospitals to cope with much serious trauma and engage in emergency fracture care. Every country has a wide variety of useful (and some not so useful) skills, many of which could be helpful, and might be incorporated. . . but any gesture towards involvement of bone-setters, would have to have the agreement of the local medical profession, not to mention the East African College (COSECSA). These are matters which must come from the medical profession in each country, and require comment from the Education Committee of SICOT. At the present time traditional healers are beyond control when there is none other.

M.L. expressed appreciation for the input from the "Trade" in the basic training courses, but regretted that surgical instruction now relies upon the manufacturing companies, which are likely to be geared towards the use of their own product. Training is an intimate communication, requiring time. The art and craft of eliciting clinical signs and performing surgery cannot easily be taught from the rostrum of a great conference. Nevertheless the commercial success of firms in the business of manufacture of surgical equipment, depend upon the expansion of orthopaedic surgery, and the prosperity of its practitioners. **Shiva** (Dr Sivakumaran Murugasampillay**)** offered his very useful**,** informed advice from Geneva, (but of course WHO is not endowed…)

The above many-facetted debate came to too many conclusions to compress into a concise message. Too many Gaps in the process of development were revealed, each requiring a separate and different degree of ingenuity. Each calls for a modification of approach for which modern “hi tech” invention offers little. After two hours of discussion the matter was left open to be earnestly continued, *sine die* . .

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WOC’s own sessions had a number of memorable presentations demonstrating a variety of projects and their results to date. **Paul Levy**, (US & Tanzania), **Michael Segrefia** (Canada) and **Florent Lekina** (Cameroon) added the dimension of selection and assessment in Francophone West Africa. All showed modern establishments well able to rely on surgical sterility; but many district or mission hospitals which do not have that assurance, often obliging the surgeon to revert to tried, tested and safe conservative modes.

A good example of the contrary, was the experience presented by Dr **Samuel Hailu** (Addis Ababa). He trained in Addis but had made several training trips to North America, each for a special, well-defined technique. Most recently he returned from Canada and today presented an excellent treatise on grossly displaced pelvic fractures, including the acetabulum. Now, on the senior staff of the Black Lion Hospital, he is propagating his learning and practice.

Quite different was the presentation by Professor **Vijay Khariwal** who looked back on his experience of grossly complex conditions (trauma, tumour, tuberculosis &c) demanding surgery but without special tools or implants. The global situation demands that these gross conditions are provided with care which falls far short of modern possibilities. But in the foreseeable future, there cannot be the trained surgical manpower, nor the financial capacity, to reach beyond symptomatic relief. Indeed these are situations to test the ingenuity of the world’s finest; and today’s best equipment is yet under scrutiny.

Professor **Fergal Monsell** reviewed the first principle of managing a fracture of a child’s arm, where the most dangerous complication is to the circulation. In characteristic and dramatic fashion, Fergal clearly prioritised the practice, suggesting that an excess of treatment was more dangerous than neglect. He described Volkmann’s Ischaemic gangrene as very rare in cases of supra-condylar fracture of the humerus <u>which had **not** been treated;</u> whereas the

vast majority (of V I Cs) followed constricting bandages. This did not imply that cases should not be reduced, but that the danger must always be in the mind of the caring doctor.

Professor **Arindam Banerjee** introduced discussion on internal fixation, referring to the rival advocates of onlay plates and intramedullary nails. The debate is by no means over as modifications of each continue to be made. In duty we are bound to bear in mind the rising cost, the size/strength ratio of each implant and the circulation to each fragment and the whole limb.

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These are brief impressions from a Meeting, the whole of which was inclined towards training -- far from the lecture theatre. There was much Inter-regional communication and planned collaboration, which bodes well for the future, both immediate and long term. Further news, including an official analysis of the BtG will follow the report form Dr Wilson Li.

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Official business was addressed before and during the **Annual General Meeting of WOC.** (A formal report must await the Minutes – *this correspondent could not be present at this AGM*) but important matters relating to committee continuity were these:-

President. Professor **John Dormans** has another year in this post, (after which he assumes the post of President Elect of **SICOT**.

Secretary General and Treasurer; respectively these complex duties will continue in the capable hands of Drs **Deven Tanaja and Antoon Schlösser.**

President, as from the next (38th) Annual Meeting of SICOT, is to be **Professor Alain Patel**, from Paris and Yangon, Myanmar.

Professor **Anil Jain** retains the post of President Elect, awaiting his relief from his present heavy professional commitments.

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"The **Royal College of Surgeons** of England, Annual Global Surgical Frontiers Conference **(GSF**)" is to take place on **Friday 21st and Saturday 22nd April 2017**, at the College, in London.
This is the first time that the GSF conference will take the format of a two day conference, with next year's theme focused on surgical treatment for Children. It will cover different specialties, with the aim of addressing the surgical care of the young.
We are delighted to have as official partners for next year's conference, MEDESIN, GASOC and ASiT".

WOC-UK: The Annual General Meeting of WOC-UK will be held in the course of the Annual Meeting of he BOA, in Belfast, September, 14-16th 2016.

The Annual Summer Conference of WOC-UK for 2017, will be held at the Wrightington Conference Centre. Wigan, Lancashire, on Saturday, June 10th 2017. Further details will follow nearer to the date.

(M. Laurence)