Newsletter

No 204

April ii 2017

Distributed from: laurence.woc@gmail.com

Website: www.worldorthopaedicconcern.org

Linked with: www.worldortho.com (Australasia) www.wocuk.org (UK)

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.

BANGLADESH

Review of response to the article in the British Medical Journal, on "Bangladesh in the 21st Century," (followed by a comment from Professor **Iqbal Qavi,** (Dhaka).

"Bangladesh has made remarkable progress since the end of its struggle for independence in 1971. Despite the famine of 1974 when more than a million people died, it is one of the few low-income countries to achieve its millennium goals. Life expectancy has increased from about 50, to 70 years. Bangladesh was previously one of three low-income countries where men lived longer than women! He record of deaths of children under the age of five, has dropped from

25% to 4%, and maternal deaths from 700 per hundred thousand to 150. Almost all children go to school, and the literacy rate (66%), is the same for women as men."

Such an impressive achievement is inspiring, but every triumph carries additional burdens on community service. The dense population of the country (more than 900/sq km.) by far the highest in the world, may have been a hindrance to social development. But the sheer numbers must have some merit. It offers a large, cheap labour force, both nationally and internationally; although to express that thought and take that attitude, may appear frankly insulting.

The gearing of international trade can create a destructive frame for world communication. Was it not more "comfortable" in the old days, when we just didn't know about "the others", but accepted the profit from their lowly paid labour. I can see no honourable alternative; but we have difficulty in accepting a world run in that way?

The very success in producing an educated and informed society in Bangladesh, has resulted in citizens more interested in having their own business and their own industry (and their own luxuries) rather than providing a service. There has been significant change in the private sector in the last two decades. The measured increase in capital income must be associated with "progress".

The destructive competition between the political extremes of left and right, now lie exposed, awaiting a new Society, a new Philosophy, a new Humanity (or Robots – which do not at present pay taxes!). We have all emerged from problems of survival into those of measurable profit. Conflicting politics, only disclose the differences, but the inequality remains a divisive factor.

There are contrary arguments which drive inspired performance by the “hungry” painter, poet, composer, actor… Could Thomas More’s fascinating treatise on “Utopia”, have been so realistic without the driving force of competition?

Why has Bangladesh done so well? Are there lessons for other countries? In this BMJ Opinion article, Dr. **Richard Smith** explores how government commitment to human development, food security, reduction of poverty and the empowerment of women, have been important factors. So too was the initiation of **NITOR (**Nat. Instit**.** of Trauma and Orthopaedic Rehabilitation**)**, out of the inspiration of the late **Dr Richard Garst,** and the breadth of instruction now responsible for a robust senior surgical staff at NITOR, and hundreds of senior surgeons throughaout the country. (<http//bmj.co.bangladesh_BDGs

An analytical reaction from Professor **Iqbal Qavi**, (Dhaka) reads as follows:-

“You know how deep is my interest in WOC. The flow of Newsletters are of great interest, as are the meetings with SICOT. In recent times we have had young trainees from Nepal at NITOR for three months at a time, and a trainee from Bangladesh is now working in Nepal. The AO Alliance has funded this fellowship. Dr. **Ram Kewal Shah** in Kathmandu, is the regional manager in Nepal. We would very much like a Senior Trainer to visit Bangladesh and Nepal to participate in our scheme for about a month. This suggestion will be financed by the AO Alliance Foundation.”

-o0o-

NIGERIA

Tentative steps – those taken as much in hope as with anxiety – lead on to triumph or disappointment. The development of Orthopaedics in Nigeria is worthy of study as an example of enthusiasm. The largest country in that continent

would always present major difficulty but also offer the greatest prize. Presenting the story, at this stage, might be premature, but lessons learned should be recorded so that any errors would not be repeated, and pioneer enthusiasm is encouraged. No country has so much to offer, or been so ill-treated from without, and within.

It is now a hundred years since the northern province of Nigeria had anything like a service for serious disease. Even before the inception of World Orthopaedic Concern, a plan was laid by **Sir Herbert Seddon**, the Professor at the Institute of Orthopaedics at the Royal National Orthopaedic Hospital, who had travelled widely in the orthopaedic world. He planned to create from scratch, a model based on the **RNOH**. The standard of that illustrious department was to be maintained by the continuous supervision by senior staff from UK (including Stanmore), together with trainee surgeons from that Institute in rotation. **Frank Bryson** was the first staff surgeon, accompanied by **Derek Richards**, as the first registrar, - chosen because he had no matrimonial tether. Richards took with him two trained orthopaedic nurses, one of whom he was soon to marry.

Bryson designed and oversaw the building of the one story, six-ward hospital with two operating theatres, specifically for “elective” orthopaedic surgery. This was largely for polio and (in those days) untreatable spinal tuberculosis.

Versions of the prehistory of WOC have varied but seminal germs precede the formal inauguration. During his extensive lecture tour (1970) organised by the Commonwealth Foundation, Professor **Ronald Huckstep** (then working in Uganda) travelled throughout the world gleaning the impression that there was a huge need for support and to improve orthopaedic care and training in areas of low resource. As a result Ron attracted funds to organise a meeting in 1973 and this was held at Oriel College in Oxford, attended by 39 professors and surgeons

from 14 countries. A further meeting in 1975 in Singapore, was arranged by Professor **Kanda Pillay**, where it was agreed that World Orthopaedic Concern (WOC) was to be created. Finally, formally, WOC came to birth, in **Lagos**, Nigeria, in September1977.

Meanwhile, Frank Bryson stayed in Kano, until his retirement about 12 years later. His place was eventually taken by a general surgeon appointed from the Nigerian Army Medical Corps.

Richards was followed by trainees **Geoffrey Walker** and then by **Malcolm Swann**, each for periods of about a year and a half. They constituted the sole orthopaedic service for some 25 million souls in the Northern Province. Since those early days, the orthopaedic hospital has continued, in spite of some political disturbances, but the responsible connection with Stanmore has been lost.

There have been other contributions towards orthopaedic care in the Country, particularly an Australian link with Lagos University Hospital and a link between Birmingham at Ibadan. I repeat, this is an enormous country, (three time the size of UK) made the more unmanagable by the fact that so many parts are so different from each other in every aspect of life. Communication is the first step; to be there is the second; to work there the best. And all these connections depend upon mutual understanding and generosity of spirit.

These comments precede another venture towards the goals of WOC in Nigeria - to be reported, next month. (This editor would greatly value corrections in the historical summary above, and indeed any correction or enlargement in the story so far.)

COSECSA.

In collaboration with the Royal College of Surgeons in Ireland, COSECSA now runs an online surgical training platform called "**School for Surgeons.** accessible through www.schoolforsurgeons.net. As well as containing a wealth of useful training tools and information (now including "Surgery in Africa") there is full access to the RCSI library, to Journal portals including case studies created by COSECSA fellows. All candidates taking the Membership and the Fellowship exams in general surgery and orthopaedics, have to complete a certain number of these case studies in order to be eligible to sit the COSECSA examination. These cases are a useful addition to the in-service training that candidates receive in order to standardise the academic element of the program, across the ten member countries. (**Chris Minja**, Examinations and Training, COSECSA)

It has been pointed out that these personal case studies are geared to management of orthopaedic conditions in general, rather than necessarily describing surgical technique. Actually candidates should be aware that to launch into operative technique, where it might be contra-indicated, would give a negative impression.!

-o0o-

SOUTHERN AFRICA

Plans are well advanced towards the crowded **WOC** program for the 38th International meeting of SICOT, In CAPE TOWN. November 30th to December 2nd 2017.

Some idea of the wide interest in the inequality of orthopaedics across the globe is reflected by the breadth of subject-matter and style in the provisional program for the SICOT 38. The items are yet to be confirmed, but the early stage of organization provides a foretaste :-

WOC Session in Cape Town;

T**rauma** service: 1. Introduction, by a Modertor:- President John P.**Dormans**.

2. Professor **Rajasekeran** Shanmuganathan. "Prevention of RTAs"
3. Professor **Keith Luk**. "International Bridges."
4. Dr **Claude Martin**. AO Alliance, in the "Progression of Trauma Care."
5. Professor **Anil Jain**, Surgery vs Non-Op Management of Skeletal TB.

Topical Debates

Logistics and organisation; Moderator: John P. **Dormans**

1. Dr. **Shiva** Murugasampillay- Trauma (including road, civilian, or war trauma) - WHO involvement
2. Orthopaedic Associate of SAARCH Countries (OASAC)- **Deven Taneja**, President OASEC.
3. ASEAN Orthopaedic Association- (Representative. proposed by Dr **Wilson Li**)
4. Professor **Sharaf Ibrahim** (from Malaysia) –proposed by Dr Wilson Li.

African Scene Moderator: John P. Dormans

1. COSECSA; a summary of the activities of that group, and how we could interface of WOC and SICOT- Milliard Derbrew, Pres. COSECSA.
2. **Laurence Wicks** – South African Association
3. SRS Spine- **Dr. Oheneba**. to review the work of FOCOS hospitals in Africa
4. **Michael Held/Maritz Laubscher**: Orthopaedic HIV/TB Sepsis. in LMICs &/or Violence and ballistic injuries in LMICs not at war (2 minutes)
5. Moderation/Conclusion/Panel above discussion + TBA speakers (10 minutes)

(The above draft is subject to modification)

Award: The Arthur Eyre-Brook medal; to Prof Alain Patel; for 30 years in Myanmar.

Reverting to the historical reference, above, much was drawn from an **Archive** in the Records of WOC, which resides in the office cabinets of Geoffrey Walker. The current President, Dr. John Dormans, has expressed the wish that this Archive should be preserved, (perhaps in perpetuity) for future generations, and as a source of information on projects presently in

preparation. Links are always much more welcome and easier to establish, if past history can be quoted. Geoffrey has retained a scrupulous and valuable history dating back to the very start of WOC, but he needs an interested and willing home for it. Suggestions keenly sought. (M. L.)