"NEWER ASPECTS IN ORTHOPAEDIC SURGERY"

By Dr. I. S. de Wet, M.Ch.
Orthopaedic Surgeon at the General Hospital, Pretoria.
(A recent talk given to the Northern Transvaal Branch).

You will forgive me if I dwell more on the philosophical aspects of the subject under discussion namely: "Newer aspects in Orthopaedic Surgery".

In the present era of more intensive specialisation and breathtaking acceleration in almost every walk of life, one is inclined to become confused almost to a state of frustration. For this very reason it may be worthwhile to take stock of the present situation.

Guiding Principles

What we need, is sound guiding principles. On these principles we should try to solve our present problems and work out our future plans.

All new things are not good, and all good and sound principles are not new. This is very true in the medical profession. Medicine is not a pure science but also an art. This statement will of necessity remain true also for the future because we are dealing with human beings. The human body consists not only of anatomy and physiology, but also harbours a living soul, with all its variable temperaments and emotions.

Have we not perhaps in our earnest strife towards pure scientific development neglected the philosophical aspect of our profession? Thereby disturbing the essential balance and co-ordination. Are we not perhaps building a house on a foundation of sand?

What is our main aim in performing our professional duties? Is it to aid and advise the sick and maimed towards a happy useful and contented member of the society? Or is it mainly to gather materialistic goods which will be corrupted by rust and moths.

Keeping all this in mind, let us now consider some of the newer aspects in Orthopaedic Surgery.

Trauma as a result of Industrial and Road Accidents

Slowly but surely a new disease has appeared on the horizon. Nay! it is already firmly established in our midst "Trauma as a result of Industrial and Road Accidents".

This devastating Frankenstein monster has already become No. 1 killer in many countries and is well on its way as such in our country. Apart from the shocking mortality rate, its morbidity toll is even more terrifying.

Many lives and limbs are lost because we are not organised and trained to meet this challenge efficiently. I do not wish to dwell in detail on this most important aspect of Orthopaedic surgery. Merely an outline of a proposed plan of action is put forward here. Based on schemes functioning overseas with reasonable success; especially those in Austria established by the pioneer in this field; Professor Lorenz Böhler.

(*a*) *Proposed Plan — Communication and Ambulance Service.*

An efficient communication and ambulance service between the site of accident and the traumatic surgery unit unit or hospital. The main aim here is to avoid any delay in the application of resuccitative measures and adequate medical care—many lives and limbs can be saved in future by such prompt and efficient service.

(*b*) *First Aid.*

A thorough knowledge by ambulance and first aid people of life-saving measures. Such as: the arrest of external haemorrhage, clearance of the air passages and maintenance of a free airflow, combatting shock, wound treatment, immobilisation of fracture, proper conveyance of injured patients and last but not least, a careful observation and recording of a seriously injured patient's general condition, especially the unconscious patient.

(*c*) *Accident Centres.*

Accident centres, where specially trained nursing and medical staffs are available to handle these cases. The main objects of such centres are: firstly to co-ordinate surgical treatment, and secondly to institute emergency measures without the slightest delay. For the first named, surgeons trained in Traumatic Surgery are a pre-requisite. Cases should not be pigeonholed into surgical, orthopaedic, neuro-surgical, urological or thoracic cases. They should be assessed according to which injury requires priority and handled accordingly. Later, when all emergency measures have been applied, other specialities concerned should be consulted.

The seriously injured patient is most difficult to examine. Proper training in this field will, however, eliminate many mistakes. After careful assessment of the patient, it is perhaps wise at this stage to express a few words of encouragement to him or her if he is conscious as Professor Böhler himself puts it: "I treat my patients' face first of all",

> 'And though I have the gift of prophecy and understand all mysteries, and all knowledge, and though I have all faith, so that I can remove mountains and have not charity, I am nothing'.

(*d*) *Rehabilitation.*

Once the patient's life is out of danger, and can co-operate rehabilitative measures are begun. Once more I plead for close co-operation, as well as co-ordination of the various services. I see no reason at all for 'Apartheid' between patient and doctor or doctor and physiotherapist or even between physiotherapist and occupational therapist.

At the commencement of rehabilitation and after the patient's condition has been carefully re-assessed, a private conference between the patient himself, the doctor and a rehabilitative staff member is most essential.

An honest but tactful explanation of the severity and extent of the injuries are given to the patient, possible permanent disabilities are discussed, and the methods and aims of further treatment are outlined. This will eliminate many unnecessary fears and doubts in the mind of the patient. It establishes confidence on the part of the patient and mutual co-operation is the result.

This is the first and most essential step towards later "group treatment", which facilitates things tremendously. Traumatic psychoses and compensation neuroses will be reduced to a minimum and the desperate outcry of "The patient will not co-operate", should never be heard.

Let us make more use of the good old methods of active exercise, underwater treatment and gymnastics. These are ideal methods as applied to "group therapy", no elaborate and expensive equipment is required and still remains effective as of old.

Vascular Surgery

The advent and progress of vascular surgery during the last few years, has been of tremendous value to orthopaedic surgery. Many limbs have been saved by blood vessel repair and arterial transplantations, which previously would have been amputated. Today one can hardly imagine a first class orthopaedic theatre without being fully equipped for arterial surgery as well.

Conclusion

In conclusion, I would like to point out that orthopaedic surgery as an established science, is relatively new—only a mere 50 years old. For this very reason one must expect growing pains to make their appearance. New fashions, new methods of treatment and especially new operations will come and go. Observe for a moment the number of different operations for bunions, for recurrent dislocation of the shoulder, for club feet, for osteo-arthritis of the hip and even for backache. Anterior spinal fusions have lately rocketed to brilliant stardom.

Which of these newer developments are one day going to be "good old method"? Time, together with open-minded and dutiful devotion of every member of the profession will ultimately prove their worth.