

Richard
Villar

Editor-in-Chief

editor360@
boneandjoint.org.uk



Passing on the torch

I never expected to enjoy the Olympics but enjoy them I truly did. London, known for the densest traffic in our land, at times became a vehicle ghost town; so wary were the normal hordes of commuter drivers from entering the fray. Of course it cost the retailers a fortune, or so the papers say, but for the umpteenth time in my life I felt truly proud to be British. As a medical volunteer, I bought strangers tea and biscuits, opened doors for Paralympians, and became quite beside myself as yet another of our athletes hurtled furiously towards gold. Britain has every reason to be satisfied. The politicians who put it all together will have my tick on their voting paper next time for sure.

But with the Olympics over it is back to normal life, a major part of which is the preparation of this journal, *Bone & Joint*³⁶⁰. There is something about it, particularly as I see subscriptions soar. It reaches right under my skin. I dream it, read it, think it ceaselessly and talk to others about my baby like some typical publishing bore. Yet I am also grieving because, you see, I have to leave. A short while ago the big chiefs in London decided to move me on. Not out to pasture, I should add, but to take over as Editor of the British volume of the *Journal of Bone & Joint Surgery*. Now there is a challenge and a half. I am, however, delighted that my 360 torch can be passed to a tremendous successor, Ben Ollivere. He is younger, fitter, brighter and, dammit all, better looking than me, too. Ben has been beaver away behind the scenes to learn the ropes and a significant part of this issue is thanks to his hard labour. You will hear from him fully, I am sure, in the December copy. Meanwhile I will be demoted to a line on 360's masthead, a rather sparse form of contact with the creature I adore.

One of the good things about publishing these days is that so much can be done remotely and even more when travelling and on the move. This editorial has been written in an Airbus, an office, a study and, I am ashamed to admit, a lingerie department of a major UK department store. Meanwhile the Roundup³⁶⁰ shoulder section was edited in the back of an international conference on the hip. When I asked for a new figure to illustrate our brilliant War Surgery Feature from the US military, I emailed Manchester, who emailed London who sent the figure straight to me in a darkened auditorium in Rome. The whole process took little more than three minutes. If life carries on like this much longer we will forget how to speak.

One of the features of being an Editor is that it is to you that folk complain. Actually they should be encouraged to do so, particularly if we have done something wrong. So we have created Clanger Corner, which you will find for the first time in this issue. I confess that my first emotion when a reader highlights a mishap is one of unjustified indignation. Surely we cannot be wrong? But we can and occasionally are and must own up if that is so. Yet never forget the positive side. If readers complain, then they must be reading and that, after all, is what we seek. I have been writing a good deal recently – try a book *Winged Scalpel*, if you are short of reading over Christmas. Yet as I sit at my screen, how easy it is to forget that many may soon read my carefully crafted words. Writers, editors and publishers of the world unite. Remember – always, always, always keep your readership in mind. They have feelings, too.

As with other issues of *Bone & Joint*³⁶⁰ these pages carry summaries of nearly 100 papers. Two stand out for me as they perhaps reflect the ever-spreading tentacles of our new journal. One paper is from **Kathmandu (Nepal)** where surgeons

looked at the use of traditional medicines, especially a herbal paste that is routinely prescribed by herb sellers and used for the management of musculoskeletal conditions, albeit in an unsupervised way.¹ The results were not always good, the conclusion being that drugs and preparations made by people who lack scientific knowledge can adversely affect the consumer. Those readers who were perhaps encouraged to visit the developing world after they had read the features in an earlier issue of 360 would benefit from keeping that in mind.^{2,3} Unsupervised herbal medications are a way of life in so many parts of the world.

Meanwhile, in keeping with 360's experiences of remote access, yet far more adventurous than we could ever be, is a completely non-orthopaedic paper from **McMurdo Station (Antarctica)** that demonstrated the use of tele-health technology.⁴ This particular paper describes the management of a patient with pericarditis in Antarctica and a team of cardiologists in Texas. It makes our story of writing this editorial partly in an Airbus look rather tame.

So with that I will sign off and leave you in the capable hands of Ben. Support him as you have me and 360's future is assured. I will now crawl into my corner and have a really good cry.

My very best wishes to you all.

REFERENCES

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