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On the shoulders of giants

Stepping into anyone's shoes is often a difficult and dangerous task. How should one proceed? What did the previous incumbent of said shoes do well? What did they do badly? Stepping into the shoes of Richard Villar, who conceived and brought to life this journal, one of the fastest-growing medical publications in print, is a daunting task. The unique nature of 360 leaves the editor like a conductor, sitting at the centre of a network of 30 editorial board members encompassing surgeons, clinicians and professors from 27 nations of the world, reading between them almost 50 different journals. 360 is a truly international and collaborative journal, and I intend to build on the firm foundations Richard has laid. You won't see any major changes in these pages, or the next ones, but a more gradual evolution. Perhaps I am not so much stepping into his shoes, but more conducting his orchestra.

As I write this (much like Richard's last editorial), I am transatlantic on my way to the Orthopaedic Trauma Association, the highlight of the trauma calendar. By way of a brief introduction I am, I'm afraid, one of those strangest of orthopaedic surgeons: the traumatologist. To make matters even worse I am one of the rarest kind of oddities, a traumatologist with a curious interest in cells and 'bubbly test tubes'. Collaboration and the sharing of thoughts and ideas are an integral part of my role as both a clinician and scientist. This is the chief reason that I, like several thousand other delegates, will attend the conference; not only to present some of my own research, but also to discuss new ideas and developments in this rapidly moving field. It is this international community of surgeons, working together in both clinical and research settings, that has made orthopaedics one of the fastest growing and developing medical specialties. As this bewildering sea of new thoughts and ideas continues to expand, asking a friend's opinion is becoming a more frequently

trodden path, and as such, here at 360, we also tend to ask our friends what they have read, and then share their thoughts with you, the reader.

This month in 360 we have a fantastic article from The Netherlands tracing the earliest roots of orthopaedic surgery, through records of osteology in the 16th, 17th and 18th centuries. The authors journey through the archives of many ancient Dutch institutions, even unearthing transcripts from what are probably the earliest records of orthopaedic examinations. There are many challenges facing modern medicine and none so grave as that of how to train the next generation of surgeons, a task that starts not with Residency or Registrar attachments, but much earlier, in school and medical school. The authors trace the history of early surgeons and anatomists, and draw a parallel between current practice and historical methods. We are facing times of restricted training with difficult ethical decisions, and nothing has suffered more than the teaching of the foundations of medicine, basic science and anatomy. How can we, as professionals, maintain a balance of the tried and tested methods, in this case wet lab experience and cadaveric dissection, and yet take advantage of new technologies? Surely computer-aided anatomy teaching and virtual dissection have many potential advantages, but do they convey real understanding? Can we learn about the body on a video screen or do you need to experience the reality of performing dissection or illustrative physiological experiments to truly appreciate the anatomy or understand the physiology?

While medicine and medical training has improved and utilises more modern techniques, here at 360 we still think there is a lot to learn from cadaveric dissection, a tradition which as you will read, remains much the same despite the intervening 600 years.

I had the privilege for the first time of editing the entire journal this month. I was staggered

at how much I have learned. I had no idea outside my own small spheres of trauma and basic research what quality studies were being performed throughout the world. I was amazed to see scientists in all corners of the globe pushing forwards the frontiers of orthopaedic science. Researchers in Norway¹ have reported over 40 000 SIGN intramedullary nailings, setting the bar for developing world surgery. We have heard about high failure rates in carpometacarpal joint arthroplasties of various designs² and proximal interphalangeal joint arthroplasties. In the world of spine surgery, two subset analyses from the SPORT trial have yielded yet more useful information,^{3,4} and the trauma surgeons have taught us more about the life saving effects of tranexamic acid.⁵ This month's edition, we hope you will agree, is full of interesting and useful articles.

I hope you will enjoy reading this issue of 360 as much as I have enjoyed editing it. My very best wishes to you all.

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