



MESSAGE FROM THE PRESIDENT OF THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

Prof. John C.Y. Leong
Department of Orthopaedic Surgery
Queen Mary Hospital, University of Hong Kong

Medical students worldwide, in their undergraduate days, are inundated with teaching about the role of a doctor in the relief of pain and suffering, and of the preservation of life. From anatomy, physiology, biochemistry, to pathology, and the clinical subjects, the emphasis is on the so-called "vital organs". This is partly because of the overloaded curriculum of most medical schools, and partly because of historical trends. Disproportionately little is taught about the need to maintain, preserve, and even to enhance the quality of life. Quality of life of necessity starts from the brain, but it is through the sensory and motor organs of the body that the target of quality is achieved. The ability to hear, see, smell and feel imparts great pleasure to life, but are of a receptive nature. It is only through speech, and active movements of the body and the extremities that active consummation of quality life can be attained.

Whilst nature recognises the great importance of the hands by having two-thirds of the motor cortex of the human brain representing hand function, the medical curriculum of most medical schools partitions precious little time to the understanding of the hands. The hands express artistic talent through a painting, calligraphy, a sculpture or a musical instrument. It partakes in gross movements of the upper extremity such as the powerful serves of a tennis player, the magnanimous muscular effect in a discus thrower, or the weight lifter of several hundred pounds. It is capable of the finest movements imaginable, such as repairing a cut arteriole 0.15mm in external diameter.

Yet, ironically, it is only when the function of the hands has been severely compromised because of an injury that they get the attention that they deserve.

The development of hand surgery as a subspecialty of orthopaedics and traumatology was

borne of necessity. In 1965, when I served as an intern in the Department of Orthopaedic Surgery, the University of Hong Kong, there were already many patients with hand injuries, although somewhat overshadowed by the spinal tuberculosis and poliomyelitis that abound. Most of the patients with hand injuries, coming into hospital as emergencies, were treated by relatively junior medical officers. When I became an assistant lecturer in 1966, and for the next three or four years, I must have operated on hundreds of injured hands. There was little coordinated effort, both by the orthopaedic surgeons, and by the physiotherapists and occupational therapists. The outcome of the treatment was not satisfactory. Prof. A.R. Hodgson was astute enough to realise that the University department must develop hand surgery systematically. Thus, Dr. Y.S. Tsao was encouraged to pursue this challenge, and was sent abroad to Dr. Joseph Boyes, a world renowned hand specialist in California for training. He came back and started a more organised hand service, but unfortunately had to leave the Department shortly because of health reasons, and the challenge was subsequently taken up by Dr. K.P. Chan.

It has to be said that hand surgery was not a popular subspecialty in the late 60's and early 70's, probably because the common types of injuries sustained (crush injury) required many hours of painstaking effort to reconstruct, usually in the small hours of the morning. Also, microvascular techniques have not been developed, so that surgery had a limitation to what it can offer. Furthermore, there was serious manpower shortage in the University department and other orthopaedic units in Hong Kong.

A big stride forward was taken when a senior lectureship was established at the Department of Orthopaedic Surgery, the University of Hong Kong

to the position, and received overseas training under Mr. Douglas Lamb in Edinburgh. Credit must be given to him, and also Dr. P.C. Leung (in Princess Margaret Hospital) for accelerating the development of hand, as well as microvascular, surgery at a pace hitherto unknown in Hong Kong.

They have had many followers, too many to name. From being a relatively unpopular subspecialty, it took an about-turn in the 80's and became one of the most sought after disciplines among budding orthopaedic surgeons. The orthopaedic world now recognises that Hong Kong has made original contributions not only in the field of spinal surgery, but also in hand and microvascular surgery, as a "second wave" of excellence.

Given the impetus of the expansion of the subspecialty, the next logical step would be the regular getting together of people interested in it to exchange ideas, information and results. Thus one witnesses the formation of the Hong Kong Society for Surgery of the Hand in 1986. It is a reflection of the effort of not only the earlier leaders, but also that of the younger and extremely active orthopaedic surgeons and allied health workers. This Society has made an impact not only locally, but regionally and internationally.

Whereas the development of hand surgery is at a very mature stage, the pattern of patients presenting with hand problems in Hong Kong has changed somewhat. With good public education, and with better safety devices in the factories, the incidence of severe hand injuries has decreased since the mid 80's. In the early 90's, much of the manufacturing industry, including those

proportion of other problems, such as congenital deformities, sequelae of inflammatory conditions (such as rheumatoid arthritis), infections, tumours, and burns and scalds have increased. Wrist injuries have also taken a place in the forefront, with increasing interest in sports and consequent sports injuries. These lesions present a somewhat different problem to the severe injuries of the past decades.

But the surgical techniques, including microvascular techniques, learnt in the past will serve hand surgeons well. Minimally-invasive surgery has already demonstrated its usefulness in wrist problems, carpal tunnel syndromes, etc, and is likely to take a more important place in the future. There has also been an increasing amount of basic research into hand problems, especially at the medical faculties of the two universities, and to a lesser extent at other Hospital Authority orthopaedic units. Many of the projects are combined with bioengineers or biochemists either within the same institution, or at another institution. These are all to be commended.

The Hong Kong College of Orthopaedic Surgeons already requires a defined period of training in hand surgery for all prospective Fellows. It would welcome suggestions from bodies such as the Hong Kong Society for Surgery of the Hand as to what components that defined period of training should consist of, and whether a short period of exposure to basic research is desirable.

In closing, I would like to congratulate your Society, commend its founders, and wish the present officers and members a very successful celebration of the 10th Anniversary, and an even