“Stop the world, I want to get off” was a wonderful play when I was a medical student. In medicine and surgery nothing ever stands still and the greatest flux in the last decade seems to be in medical education. Surgery is still popular in the United Kingdom, if not worldwide. There are many reasons; one usually sees an outcome and often, if not usually, sees a patient improve and his/her sufferings alleviated. It is a craft specialty so one uses one’s hands and creates though occasionally has to destroy. It gives one the ability to use anatomical, physiological and pathological knowledge and put that knowledge into practice. Above all, it is extremely satisfying as one’s judgement and skills are both used to help patients who are our raison d’etre.

Recently giving a lecture to my own College Medical Students Surgical Club, what amazed me most was not that 450 plus students had given up an evening but the enthusiasm and ambition that was palpable throughout the lecture hall. Most of them were used to change, as they had been through changing undergraduate curricula and examinations. What distressed them was the fact that the Government had tried to implement changes in medical careers and training for what they felt was expediency – shorter/cheaper training and a less skilled workforce. They realized that there would not be room for all of them to take up surgery but they wanted a fair selection process, which was open and transparent with room for flexibility. No longer is medicine a way of life; for these youngsters it is a part of life. They quite rightly pointed out that none of the changes proposed by Modernising Medical Careers had been trialled and that further changes are implemented before seeing the first suggestions completed. They would like to “stop the world” at least for a short time to try and return to a level playing field and have time to absorb and debate the changes, which will affect their future. The Tooke Review, about which I was talking, is a very levelheaded one but of course is reaction and what is needed is a proactive stance.

The reason for this diatribe about our present situation in the United Kingdom and, indeed, the training of surgeons worldwide (which will be the basis of a future article) is that we must not allow medical education to be downgraded. Workforce issues naturally have to be taken into account but, education must not be compromised. It is one thing to be taught but quite another to be educated. In this Issue is a short article by a medical student “Less is More” which really caught my eye. The student carried out his elective studies in Malawi, a far cry from the NHS in West Suffolk. Plastic Surgery at its best treating people who really needed it, such as those suffering from burns, proved invaluable experience and the message that material wealth is not everything rang loud and true.

This edition of our ever-improving Journal has some fascinating articles covering many of the specialties within surgery from cardiac, oncological and vascular surgery to orthopaedic and laparoscopic techniques. Those of us who work in the first and second worlds have much to learn from the experience of those in the third world. The article on the need for tracheostomy, either intra- or post-operatively is a wonderful prospective study carried out in Khartoum over five years (p. 147–50). Fifty-nine (6%) of 964 thyroid patients needed tracheostomy, 41 of them intra-operatively because of stridor and 18 post-operatively. There were only 2 deaths, one of which was an unrelated myocardial infarction. This sort of experience with massive thyroid goitres, as well as other pathology, would be difficult to find elsewhere.

Another large study comes from China showing the clinical outcomes of oesophageal cancer following gastrectomy (p. 129–35). Forty-eight of their 1411 patients, who underwent curative surgery for squamous cell carcinoma of the oesophagus, had a history of distal gastrectomy. They have shown after Billroth I partial gastrectomy, there was no difference in survival. For most patients who had undergone a previous partial gastrectomy, there was no difference in survival.

Authors are never keen to publish negative findings but the study on Advanced Enteral Therapy in Acute Pancreatitis: is there a room for immunonutrition? Is a Meta-analysis of a Cochrane review of three randomized controlled trials (p. 119–24). They showed that there was no evidence that adding Butamine, Arginine and Omega-3 fatty acids help in any way. A practical negative result.

Technically, we have papers warning about the use of Goretex mesh in the treatment of large hiatus hernias with 20% of their patients experiencing rejection (p. 106–9). Another technical paper is on the cross pectoral nerve transfer following free gracilis muscle transplantation for chronic brachial plexus palsy (p. 125–8). Also on the technical side is an
excellent paper from America on the outcomes of Modular Proximal Femoral Replacement in the Treatment of Complex Proximal Femoral Fractures showing the benefit of replacement over salvage arthroplasty (p. 140–6). On the minimal access front, video assisted thoracic surgery is now an established technique. The paper on Pericardiectomy for Patients with Known Malignancy and Pericardial Effusion is a good retrospective study showing the prognosis is not as dismal as one might have thought (p. 110–4). They give a one year survival at 44%, and 10% of their patients are alive at five years. A five year survival is better for those who showed negative cytology. Also on the minimal access front there is a paper from London exploring decision making in laparoscopic surgery (p. 98–105). Although there are a few emergency operations discussed (21 compared to 119 elective), it does show that dynamic surgical decision making is a multi-faceted and intricate process.

A paper from Iran on predicting negative appendicectomy reminds us of the importance of history taking and clinical examination (p. 115–8). Over a thousand patients in two military hospitals over two years were studied. One of the problems of the paper is that 75% of the patients were men. The negative appendicectomy rate of 18.2% is rather high. Not surprising, they found that female and youth are independent predictors, as well as a lower WBC count and increased heart rate.

There are two very different oncological papers, one a fascinating review of conception after breast cancer by my predecessor as Editor-in-Chief, who has reviewed a comprehensive Western Australian study (p. 96–7). This is an important message showing that there are no facts supporting termination of pregnancy. Another oncological paper is of the rare conditions of vascular smooth muscle tumours from Italy (p. 157–63). This is a comprehensive article about the investigation and treatment of these rare tumours, which I found fascinating probably due to the fact that I have treated a number myself.

There is a most relevant article for the 21st Century from Croatia concerning aortic valve surgery (p. 169–74). This is another comprehensive review, pointing out that cardiovascular surgeons will need to adapt in the future. There have been many changes, what with the minimal access approach, a valve implantation in beating hearts, off-pump valve implantation, and much more recently, catheter intervention, which is practised in the United Kingdom and the USA.

The prioritising into three groups of blunt abdominal traumas is a useful one and the extensive experience from Cairo where in 476 cases they demonstrated that a third needed to go to immediate laparotomy whereas 200 could afford to be fully investigated and a further 116 observed (p. 91–5).

Finally, there are two rather different articles, the first on viewing the surgical specimen photographs in a gynaecological unit in the USA (p. 136–9). This is a good prospective randomized trial and it would seem that showing these photographs was beneficial to the patients. The other rather different paper is the incidence of meralgia paraesthetica in girls wearing low-cut trousers (taille basse) (p. 164–8). This occurs in young women between the age of 18 and 26 and 12 patients are discussed. Apart from low-cut tight trousers, weight is obviously important. EMGs were performed in 10 of the 12 patients and proved the pressure effect. All patients had their symptoms confirmed by showing local anaesthetic injection alleviated the symptoms. They advised wearing looser trousers, losing weight and using local steroids.

Once again, we have shown we are one of the few Journals of Surgery, which provide a comprehensive look into the generality of surgery. There are many Journals which provide specialist articles, but few that give such an excellent overview of surgery across the world. What ever is one’s specialty, one could never be bored reading our Journal, as there is something for everyone, if not everything for someone.

R.D. Rosin, Honorary Consultant Surgeon
St Mary’s Hospital, Imperial College School of Medicine,
London W2 1NY, UK
E-mail address: rdrosin@uk-consultants.co.uk

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