

CONTROVERSIES
in
ORTHOPAEDIC
SURGERY

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357

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FOREWORD

It is a great pleasure and honor to be able to write a Foreword to this most interesting publication. Controversies, or "a war of opinions whether in books or in pamphlets" (Chambers XX Century Dictionary) or "dispute/debate/argument" (Oxford Dictionary) is an excellent concept both for learning and, more importantly, for stimulating thinking and arousing curiosity. This is particularly true for the young orthopaedist in training or even for the more established orthopaedic surgeon who occasionally appreciates that all is not well with many of our prefixed ideas or practices. The editors have cleverly and carefully selected not only the more controversial or contentious subjects within orthopaedics but also the authors who are well known for their ability to argue for and against ideas. They have also held on well to the continuity of the content by well-placed and considerate editors' comments.

We have all heard, on the rare and fleeting occasion at some meeting, a lively and controversial dispute or debate between the speaker and the floor. This work will make a more permanent impact than this by allowing us to read and ponder over these controversies, which certainly are of concern and importance in the clinical practice of orthopaedics.

ROBERT DUTHIE

PREFACE

One attractive feature of orthopaedic surgery is the honest controversy engendered between members of the profession with regard to treating certain orthopaedic conditions. As new methods of treatment come into vogue each decade, they are matched against the record of the old standbys. Many readers will remember the debates heard in rounds and meetings throughout the orthopaedic community in the 1960s as we tried to evaluate hip arthrodesis, cup arthroplasty, osteotomy, and eventually total hip replacement as the solution to degenerative hip disease. These differences of opinion teach the younger practitioners and stimulate the elders. With that in mind, the editors of this volume have tried to choose subjects in which there could be honest controversy. These topics represent a variety of orthopaedic conditions and have not been aimed at one particular interest group. Each of the authors is recognized as an authority in the field about which he or she is writing and as an advocate of a specific treatment mode.

Our intent was to choose a number of subjects of general interest and have them debated by acknowledged experts in the field, thereby helping the reader to formulate his or her own treatment plan based upon two or more different points of view. Knowing in advance what each author would advocate for a particular condition, we felt that hard lines would be drawn between the adversaries on each side of the question. Orthopaedic surgeons are known to be contrary, and in this instance, the authors surprised the editors. Often, there was a meeting of orthopaedic minds and the realization that certain patients should be treated in one manner. Other times, we found no conflict, only simple differences of opinion, some major and others minor.

Controversies may occur because of a lack of basic knowledge of the disease process, ignorance of what can be accomplished by other methods of treatment or other disciplines, or one's own inability to deliver a specific type of therapy, such as a difficult surgical procedure. Solutions to controversies rest upon research and education. We often forget the role of education in minimizing orthopaedic complications and our obligation as doctors to educate others in the health field. If we communicate our knowledge and experience to our patients, nurses, therapists, and other colleagues, this knowledge, interpreted properly, may help many patients. If we are educated and skilled in both the surgical and the closed methods of treatment of fractures, unlike Procrustes, we can select that method of treatment applicable to each patient rather than matching the patient to our only treatment method.

We must avoid bias because of inadequate education or training. The purpose of this book is not only to alert the reader to alternative treatment methods but also to teach the advocated approach with which the reader's own logic will help in making treatment decisions. We must not be misled by the eloquent writing of these

seasoned professionals we have chosen, but rather we should look at their reasoning based upon sound clinical or basic research studies.

Our principal thanks go to all of the authors who contributed their valuable time and expertise in writing this series of articles. To each of them, we give our sincere thanks for a job well done. We are also indebted to J. Drennan Lowell, M.D., and Mr. Brian Decker, who were in on the planning stage and did some of the original groundwork for this book. However, the lion's share of the credit in that regard must go to Mr. Carroll Cann, our editor from Saunders, who refused to leave us alone and whose patience plus a deft touch of steel discipline prodded us into finally realizing this project.

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EDWARD J. RISEBOROUGH

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