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Report and reflections on the fourth EFORT Congress

P.-P. Casteleyn, Chairman of the Organising Committee

Compared with the years of discussion, meetings, planning and preparation which precede a meeting of the size of the EFORT Congress, the event itself is so short-lived that it almost did not happen. Nevertheless, the fourth Congress in Brussels matched the level of previous meetings. Paris in 1993 was the first and the enthusiastic response and success which it generated made all other EFORT Congresses possible. The Munich Congress in 1995 consolidated the attendance and established strong links with industry, and that in Barcelona in 1997 combined all this in a brilliant Latin fiesta. The Brussels Congress was also a milestone in the short EFORT story: it was the first to be organised in a small country and was financed and fully run by EFORT and not by a national orthopaedic association.

The Brussels Congress, however, followed the same scheme as the previous ones. A highly successful and well-attended meeting of the European Orthopaedic Research Society on Thursday and Friday, June 3 and 4, preceded the main Congress. The opening ceremony combined a few introductory addresses, light classical music by the Panache string ensemble and a thought-provoking lecture by Professor Lars Lidgren on the Bone and Joint Decade. He stressed the impact of the ageing of the population, the effect of joint diseases on the work force, and the burden of trauma in health-care expenditure. He pleaded not only for world-wide collaboration between all involved scientific, professional and patient groups, but also for local funding and development of musculoskeletal research programmes.

As in previous EFORT Congresses the scientific programme offered Instructional Course Lectures, symposia, and free paper sessions in ten rooms simultaneously, combined with a poster and a technical exhibition covering all aspects of orthopaedics and traumatology.

The free paper sessions were of high quality. Although the total number of submitted abstracts was somewhat lower than in Barcelona, the Scientific Committee was surprised and enthusiastic about the high scientific level of the submitted papers. Only about one-third could be accepted for oral presentation because of constraints of time and space. This increase in scientific value and the extended scientific participation from former Eastern countries are positive elements for the success of future EFORT Congresses.

Another milestone of the Brussels Congress was the remarkable participation of industry in the technical exhibition and in the satellite symposia. The key for this success was undoubtedly the approach in which industry was considered as a partner in the Congress and not just a financial sponsor. The central location of the exhibition space, as an obligatory throughway between the lecture rooms, reflected this philosophy.

An EFORT Industry Liaison Committee was also founded in which members of

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the EFORT Executive Board and delegates from industry can openly confront their ideas and try to reach common goals. This Committee will smooth and enhance further the EFORT-industry relationship for the next Congresses in Rhodes and Helsinki.

Social events are also tremendously important aspects of EFORT Congresses. They provide the opportunity for establishing contacts and friendship between European orthopaedic surgeons, and abolishing nationalistic or language barriers to create a European identity in which local flavours still exist. This was emphasised by the overwhelming success of the Belgian Night, which combined high-tech projections, traditional Belgian food and beverages and musical entertainment by a dynamic and young big band.

The Congress banquet was more formal, but still relaxed in the unique setting of the Autoworld exhibition hall. This art nouveau building houses the world's largest collection of classic cars, which the participants could admire at leisure before enjoying the gastronomic highlights of the banquet itself. A very special event was also the attendance at the concert of the winner of the '99 Queen Elizabeth piano concert, Vitaly Samoshko, who played sonatas from Schubert, Beethoven, Scriabin and Prokofiev before an audience.

When we try to sum up the fourth EFORT Congress, we can state that it confirmed and enhanced the trends of EFORT Congresses in the field of scientific excellence and the participation of industry. It continued the tradition of the social events. It made clear also that with EFORT running the Congresses they can also be organised in small countries.

A few caveats remain for their further development and success. The slight reduction of the number of submitted abstracts may mean that some orthopaedic surgeons, especially those from specific geographical regions of Europe, are submitting their scientific work to other, in their opinion, more prestigious or more valuable meetings. This could in the long run endanger the scientific level of EFORT Congresses. The number of participants also surpassed the Paris and Munich figures, but could not quite match the Barcelona ones. The reasons for this are undoubtedly multifactorial such as many large orthopaedic events - EFORT, SICOT, Isakos, Eular - crowded in a few months, possibly a less touristic location, the Kosovo crisis, etc. The actual plethora of meetings undoubtedly influences participation. A possible way to avoid this and to enhance the collaboration and integration between EFORT and our national orthopaedic associations is to reduce the size and scope of the national meetings in the years of EFORT Congresses.

Although EFORT has grown rapidly, it may be time to re-evaluate the relationship between EFORT and its members, the national orthopaedic associations. To paraphrase John Fitzgerald Kennedy, may be we could start to ask ourselves and our national associations what we can do for EFORT, instead of what EFORT can do for us.

Presidential speech

Otto Sneppen

As President of EFORT I have the pleasure and privilege of welcoming you to the fourth EFORT Congress with a special welcome to the many participants and guests from outside Europe.

Up to now the most important EFORT activity has been our biennial Congresses which include the European Orthopaedic Research Society meeting and the specialty day for the European orthopaedic subspecialty societies. A very successful EFORT Congress in Barcelona is still in our minds and I feel sure that the scientific programme, social events and industrial exhibition of this fourth Congress will make it another important event in European orthopaedic surgery.

European complexity and pluralism have always been an excellent breeding ground for new ideas, but have also often created some confusion and disagreement. Many of the good new ideas within orthopaedic surgery have developed in Europe but have been difficult to implement in the European forum and thus were often adopted by people elsewhere who understood better the importance of co-operation. Now, without any doubt, EFORT's activities - the organising of Congresses, Instructional Courses and Travelling Fellowships - have contributed to the harmonisation within the European orthopaedic and trauma community. This has become more visible and has to some extent been given an identity, but we still have to remember European complexity and, like so many other European organisations, that EFORT has a long way to go.

The European orthopaedic system is composed of 33 national societies within EFORT, 30 orthopaedic subspecialties and the Orthopaedic Research Society. There is still a risk that the co-operation among these groups may be based on national and special interest rather than for the purpose of developing an effective organisation, and we need a strong EFORT to harmonise further the infrastructure of European orthopaedic surgery. Fortunately, looking at the past few years it seems evident that we are now moving in the right direction and we must therefore keep the course and move step by step.

This fourth Congress is another important step forward, and I feel sure that the contribution from all of you will make it another landmark in the history of European orthopaedic surgery.

Presidential address

Paolo Gallinaro

Becoming the President of the Federation at the turn of the century is for me very emotive, but I also feel the satisfaction and the honour of being your leader for the years 2000 and 2001.

I have also been made very aware of the heavy burden and great responsibility when I was presented with this chain and beautiful medal made by a famous London jeweller.

Our work, the organisation of our work, its efficacy, effectiveness, efficiency and its economy, are under scrutiny in many European countries. As Sir Cyril Chantler wrote in the *Lancet* quite recently: "Medicine used to be simple, ineffective and relatively safe; now it is complex, effective and potentially dangerous." I would also add, tremendously expensive.

Americans with good health insurance may have the best medical treatment in the world, but the health of the average American, as measured by life expectancy and infant mortality, is below the average of major industrial countries. One of the many reasons for this is overinvestment in technology. For example, Orange County, California, has more MRI machines than the whole of Canada. These data come from an American source, the April issue of *Scientific American.*

Orthopaedic surgeons are particularly sensitive to new and expensive technologies. No hip implant has proved up to now to be better than the old 'gold standard', the Charnley prosthesis, but hundreds of new devices are currently in use which are often much more expensive. No painful spine or shoulder is refused early MRI.

EFORT could do much to stop this very dangerous trend before it is too late. We can co-ordinate our efforts at an educational, scientific and also political level.

EFORT is closely connected with the UEMS and also EORS. The connection with the latter is even greater since EORS now has an Italian President, my friend, Ugo Pazzaglia, who is also a co-opted member of our Executive. We must work together intensively in order to reach the decision rooms here in Brussels and in Strasbourg.

In some countries governments are deaf to the voice of doctors and sometimes strange ideas seem to inspire dangerous reforms. But if we are active at a European level our voice will be heard, later, but even more powerfully and . . . Italians can speak and sing loudly! Help us to reach our goals and forgive our mistakes. Remember that Italy is a disease for which happily there is no cure!

Profile of the President

Professor Paolo Gallinaro, President of EFORT for 2000 and 2001, was born in Turin in 1937 and graduated from the University of Turin in 1961.

He first served as an assistant in medical genetics working on tissue transplantation antigens and then in 1963 he moved to orthopaedics. At the age of 39 years he was appointed to the Chair of Orthopaedics and Traumatology of the University of Parma. In 1978 he returned to Turin and since then has been head of the University Orthopaedic Department in a large specialised hospital, the Centre for Trauma and Orthopaedics (CTO). His main interests are now hip and spine surgery.

He has been Vice-President of the Italian Orthopaedic Society and also a Trustee of AO-International and foreign member of the Executive of the French Orthopaedic Society (SOFCOT). For many years he has been Chief Editor of *Minerva Ortopedica*.

Since 1986 he has been Director of the Postgraduate School of Orthopaedics and Traumatology of the University of Turin. He has created within the hospital an interdisciplinary and interdepartmental group of experts in microsurgery which includes orthopaedic surgeons and plastic and vascular surgeons from other hospitals.

More recently, he has organised meetings at a national level to discuss the problem of the increasing conflict between patients and doctors with the participation of judges, lawyers and high authorities of the Ministries of Justice and Health and the President of the Italian Parliament. A book on this subject was published in 1999.

Professor Gallinaro is well known for his mastership of many languages and for his search for perfectionism in all of his activities. These qualities will certainly be useful in his new office.

Letter to the Editor

Appeal from Sarajevo

Sir,

I am writing this letter from the orthopaedic casualty clinic in Sarajevo.

As you probably know in the last five years our town has been under siege and exposed to day-to-day dying.

This clinic was a target for approximately 500 shells and it is the only institution of its kind serving half a million citizens in Sarajevo.

I would like to use this opportunity to ask you to give your support regarding the development of this clinic. We wish to involve ourselves in modern orthopaedics and casualty surgery using your help and authority. Your assistance with literature, magazines, equipment and education would be more than welcome.

I hope that you will understand our invitation and help us.

Doc.dr sci. med. I. Gavrankapetanović
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EFORT Executive Board 2000 to 2001

At the fourth Congress of EFORT Professor Nicholas Böhler, of Austria, was elected Vice-President of the Federation.

The present Vice-President, Professor Paolo Gallinaro of Turin, Italy, becomes President on January 1 2000. Joining him on the Executive Board will be Dr Eoghan Lavelle of Ireland, who was elected Secretary of EFORT.

Professor Pavel Dungl of Prague, Czech Republic, was elected as a member of the EFORT Executive Board along with Professor Karl Goran-Thorngren of Sweden; Professor Franz Langlais of Rennes, France, retains his seat.

Co-opted members remaining on the Executive Board include: Professor Jacques Duparc of Paris, France, who serves as Editorial Secretary for EFORT; Professor George Bentley of Stanmore, UK, who is the Chairman of the Education Committee; and Dr M. Speeckaert of Roosendaal, The Netherlands, who is President of the Orthopaedic Section of the Union of European Medical Specialists (UEMS). Professor Pierre-Paul Casteleyn, Chairman of the Local Organising Committee for the fourth EFORT Congress, was replaced by Professor Panayotis N. Soucacos of Ioannina, Greece. Professor Soucacos is the Chairman of the Local Organising Committee for the fifth EFORT Congress to be held in Rhodes, Greece from June 1 to 7 2001.

The delegates also discussed the possibility of a new format for its biennial Instructional Course. Since this may require a different set of logistics for the site of the Course, the decision as to where to hold it has been delayed until the format is finalised. Potential host countries for the 2002 Instructional Course are Poland and Portugal.

Professor Casteleyn described two options which EFORT is considering for future Instructional Courses. The first would combine formal lectures by a distinguished faculty with presentations by orthopaedic trainees. The second would involve having the faculty teach the Instructional Courses in different locations. In addition to didactic lectures, workshops would provide hands-on instruction. The basic idea would be to have more active participation by the trainees.

EFORT is also concerned about the economics of participants having to travel from all over Europe in order to attend. The aim of the Instructional Course is education and it may be cheaper to move the faculty than to move the attendees.

EFORT Executive Board 2000 to 2001. Left to right: P.-P. Casteleyn, P. Soucacos, J. Duparc, M. Speeckaert, P. Gallinaro, O. Sneppen, W. Puhl, G. Bentley, N. Böhler, F. Langlais, A. Catterall.

EFORT Industry Liaison Committee

To involve the orthopaedic industry actively in the planning of EFORT Congresses and programme activities, the Federation recently established an Industry Liaison Committee. Besides the involvement of EFORT officials, the group includes three representatives of the orthopaedic industry. Each representative will serve for a term of three years.

The endeavour was launched when EFORT officials met with representatives of major orthopaedic companies in February in Anaheim, USA, during the annual meeting of the American Academy of Orthopaedic Surgeons. The result of the meeting was the foundation of the EFORT Industry Liaison Committee (EILC).

The following individuals were appointed to a preparatory committee and were responsible for initiating the activities of the EILC:

Professor Dr Otto Sneppen, Current President of EFORT (1998-1999): Professor Dr Pierre-Paul Casteleyn, Chairman of the Brussels Local Organising Committee; Mr Werner Van Cleemputte, Managing Director of Medicongress; Mr John Amos, Marketing Services Manager at Zimmer Europe; Mr Steve Sargeant, Director of Advertising and Marketing Support at Stryker Howmedica Osteonics; and Mrs Susan Labovitz, Group Manager of Education Services at Smith & Nephew.

One of the EILC's first tasks was to develop a code of practice outlining the aims of the Committee. Included in the code are the following directives: to organise and regulate the biennial EFORT Congress to ensure that the available industry budget is used in the best interests of both EFORT and the industry; to control and regulate the local organising committee to ensure transparent and appropriate use of funds; to ensure fair treatment of all industry participants by EFORT; and to ensure a biennial EFORT Congress that is of high scientific value, professionally organised and controlled, which generates a reasonable financial surplus income to provide financial security for EFORT.

The EILC will be joined by Professor Dr Paulo Gallinaro, who becomes President of EFORT on January 1 2000; Professor Dr Panayotis Soucacos, Chairman of the Local Organising Committee of the fifth EFORT Congress to be held in 2001 in Rhodes, Greece; and Mrs Niki Gargasoula, Director of FREI Travel, local PCO for the Rhodes Congress.

Three further representatives from the orthopaedic industry were elected at the EILC meeting on June 8 1999. These will each serve a two-year term. Each company exhibiting at the Fourth EFORT Congress had one vote.

The EILC is expected to meet twice a year. If necessary, additional meetings may be held.

Bosnia, Estonia accepted into EFORT

The addition of these associations brings the total membership to 35 national societies

The General Assembly of the European Federation of National Associations of Orthopaedics and Traumatology (EFORT) voted to give membership to the Estonian Orthopaedic Society and the Association of Orthopaedics and Traumatology of Bosnia-Herzegovina (AOT BiH).

The importance of EFORT membership for these associations is undeniable, said the Presidents of each organisation. Membership will give the groups greater access to information about European congresses, seminars and conferences. "Bosnia-Herzegovina must be connected with EFORT and the other national associations to improve the level of knowledge and to exchange experiences through courses and seminars," said Professor Safet Cibo, President of the AOT BiH.

He feels that Bosnian orthopaedic surgeons have much to share in terms of war injuries, and would like to see a seminar on the topic. "We have a lot of experience and knowledge, and with the support of EFORT, we can transfer our findings and experience to the other countries", he said.

Membership of EFORT will establish relationships between Europe's top orthopaedic surgeons and the surgeons in both Estonia and Bosnia-Herzegovina. Estonian surgeons have been training with European doctors since 1989 with successful results, according to Professor Tiit Haviko, President of the Estonian Orthopaedic Society. Professor Cibo foresees surgeons from Bosnia-Herzegovina reaping similar benefits.

Improvement in care. The most important benefit of EFORT membership, according to both Professor Haviko and Professor Cibo, is that care in both nations should improve. The biggest problem facing surgeons in Bosnia-Herzegovina is outdated equipment, but Professor Cibo hopes that membership of EFORT will change that.

"Before the war, orthopaedic surgeons in Bosnia-Herzegovina followed European standards, but unfortunately, this was stopped by the war" he said. "We would like to achieve the European level again with the support of EFORT".

The 89-member Estonian Orthopaedic Society was formed in 1972 as part of the Estonian Surgical Society. It is the largest surgical organisation in Estonia and has earned the respect of the Estonian Social Ministry, said Professor Haviko. The group regularly holds international conferences and symposia.

The AOT BiH, founded in 1993, is a much younger organisation. It was formed to "raise the level of science through permanent education and involvement in the international associations of orthopaedics".

The Implant Register

Roberto Matera, an EU official affiliated with the Joint Research Centre for public health issues, has provided the European Implant Register Committee (EIRC) with specifications for its contributions to a first draft of a structured, co-operative European implant register.

This directive essentially gives orthopaedic surgeons throughout Europe an opportunity to retain considerable control over the immense undertaking and, for now, limited funding for this first phase of the project.

Mr Matera provided in-depth details of what was requested by the deadline on October 11 1999.

These were: a list of the data which are recommended to be tracked by the register; a 25-member committee which will work to develop the register; and a formal proposal to the EU on the register's structure and its implementation.

An outline of the plan for the register, which will initially be limited to hips, was presented to the Executive Committee and members of the European Hip Society (EHS) by Professor Jean Lewalle, of the Clinique Saint-Pierre, Ottignies, Belgium, who is a member of the EIRC.

"We are convinced that a European register is the only way to exchange data and improve quality control in an effective way", Professor Lewalle told EHS members. "If we don't realise this ourselves it will be enforced by government and it may be much more difficult (to work with) and surely less effective for the patient's sake".

The concept of a European hip register is not new to the EHS. It was discussed extensively at the organisation's 1998 biannual meeting held in Beaune, France (Bull No 10, p8) where a questionnaire about a potential register was distributed to attendees. The new directive, however, practically forced the EHS and other interested orthopaedic surgeons to begin work on the register immediately, in order to act by the October deadline, or potentially sacrifice control over various aspects of the future registry.

"For countries where a national register exists, it was decided that whoever is in charge of the register should be included on the 25-member committee", Professor Lewalle said. The EIRC will help those countries which currently do not have a register, he explained.

In support of a consolidated register, Professor Lewalle warned orthopaedic surgeons to "beware of the invasion of the registers" – so-called, renegade registers which can threaten to undermine legitimate ones.

Professor Lewalle cited Belgium as an example of one country which is currently experiencing the complexity and confusion that may be attributed to the existence of multiple, sometimes conflicting orthopaedic implant registers. Currently, four register projects are under way in Belgium – two organised by the Belgian government and one each by the EU and EFORT.

In addition to such benefits of having data which are in a common language and able to be accessed by a variety of computer hardware and software systems, perhaps the biggest advantage of developing a register now in co-operation with the EU is the availability of funding and other resources which would drive the initial part of the project.

According to Professor Lewalle, resources would be available to the 25-member group for a period of three years, the trial attempt at creating a register.

The entire implant register could ultimately cost as much as 1.5 million Euros, he said. Other implants, such as knee, shoulder and elbow prostheses, will be added once the register is established.

Multidisciplinary decade would focus musculoskeletal research where needed

In his Presidential Guest Lecture, Professor Lidgren spoke of the benefits of the Bone and Joint Decade proposal

The proposed Bone and Joint Decade stands to benefit orthopaedic medicine in such vital areas as research and the reduction of the burden of musculoskeletal disorders, while also providing orthopaedic surgeons with new leadership opportunities, said Professor Lars Lidgren of Lund, Sweden, during his Presidential Address at the opening ceremonies of the fourth EFORT Congress.

"It is my firm belief that the Bone and Joint Decade and European orthopaedic surgeons will be able to contribute to the progress of research and reduce the burden of musculoskeletal disorders", Professor Lidgren stated.

Professor Lidgren, who chairs the Bone and Joint Decade International Steering Group, a multinational effort to have the years 2000 to 2010 dedicated to the prevention and treatment of musculoskeletal disorders, is one the originators of the Decade campaign.

"Orthopaedic surgeons should accept leadership roles, such as those that the proposed Bone and Joint Decade present, for their own good and that of their profession," he said. In addition to a discussion of the concept of the Bone and Joint Decade, which was launched in April 1998, at a meeting held in Lund, Sweden, Professor Lidgren presented information on the worldwide burden of musculoskeletal disorders, including recently published data from the World Bank.

"By 2020, the Bank estimates that the share of the global disease burden from non-communicable diseases will be 57%, up from 36% in 1990," he said.

Professor Lidgren also provided EFORT delegates with his personal impression of

The Steering Committee of the Bone and Joint Decade meets with the UN Secretary General Kofi Annan. From the left: Kofi Annan, Professor Nicolas Walsh, USA, Professor Anthony Woolf, UK and Professor Lars Lidgren, Sweden.

the worldwide state of orthopaedic surgery and identified future directions in the field, such as substitute materials and technology-driven techniques.

"We have to look up from our operating tables and realise the importance of outcome research and use agreed indicators", he said, which is for the good of both orthopaedic patients and the profession.

He suggested that by accepting increased leadership roles the specialty's rating among the medical sciences might improve.

One negative image which needs correcting, he said, is that of being highly procedure-orientated and the Decade is a good starting point. By participating in the Decade, orthopaedic surgeons can become better leaders and possibly improve the status of their profession.

The Decade's national action networks, currently in place in over 36 countries, are examples of useful, yet vital Decade activities in which orthopaedic surgeons can participate. Although several such networks are established, including some impressive efforts currently underway involving national officials and orthopaedic associations, more programmes are needed.

Through increased national endorsements of the Decade - there are six now - organisers hope to draw more international attention to the effort. Ultimately, the goal is for the UN to recognise officially and to designate the next ten years to the improvement of worldwide musculoskeletal health.

Orthopaedic surgeons are already involved in many existing Decade programmes, along with professional and patient groups in such fields as arthritis, rheumatology, osteoporosis, spine, trauma, physical medicine and rehabilitation. However, greater support is needed.

"The decade is an umbrella coalition . . . a framework for local action. What is going to happen is going to happen locally," he said.

Seventh Instructional Course

Prague, June 22 to 24 2000

The EFORT Board has decided to assist financially 100 delegates from Central and Eastern European countries to allow them to attend the seventh Instructional Course in Prague on June 22 to 24 2000. Although these countries are still outside the EU they are members of EFORT.

The Presidents of the orthopaedic associations in these countries have been contacted and asked to submit the names of young doctors whom they recommend as candidates to receive this financial assistance.

The Instructional Course Lectures are designed for all orthopaedic surgeons, but specifically aimed at young orthopaedic surgeons in training. The high scientific level of the Lectures provides an excellent opportunity for all orthopaedic surgeons to refresh their knowledge and to stimulate new learning.

The young surgeons will be featured in the section called Delegates' Papers, 36 of which will be delivered in three different sessions. This will give these doctors the opportunity to be seen and heard not only by their peers, but by experienced orthopaedic surgeons who are already established in their careers.

The featured topics are: the management of club foot; the management of late DDH, including cementless hip replacement; and the management of diaphyseal fractures.

Each category will feature 20-minute lectures by qualified experts and be followed by a 30-minute discussion. Two afternoons will be reserved for Delegates' Papers. These two three-hour sessions will allow the active participation of young orthopaedic surgeons. In addition, the best paper in each category will be awarded a prize.

Prague is a historic and interesting city and the climate is ideal in June. Participants can take part in the many cultural events in Prague at that time of the year, which include a large number of theatre productions, operas, concerts and exhibitions.

The fee for the Instructional Course in Prague is 250 ECUs, which includes all Course facilities, activities and exhibitions. The venue for the Course is the beautiful Zofin Palace located on an island in the Vltava River which flows through the centre of the city.

Accommodation in Prague fits virtually every pocketbook, from five-star luxury hotels to student hostels for around 20 ECUs a night.

For further information contact: Pavel Dungl, MD, PhD, Chief, Orthopaedic Clinic Bulovka, Budinova 2, 18081 Prague 8, Czech Republic (tel 420 2 6608 2828; tel/fax 420 2 8384 0514; e-mail ortbul@ipvz.cz) or Intercongress, Pernerova 11, 18600 Prague 8, Czech Republic (tel/fax 420 2 2481 8615, 420 2 2311 227; e-mail intercon@comp.cz).

Eighth EFORT Travelling Fellowship

Report from Austria

Karl Knahr

The spring EFORT Travelling Fellowship was organised by the Austrian Orthopaedic Society from June 13 to 19 1999. Of the 30 possible candidates (Asia 2, Lithuania 2, Luxembourg 1, Macedonia 1, The Netherlands 2, Norway 2, Poland 2, Portugal 2, Romania 1, Slovakia 2, Slovenia 1, Spain 2, Sweden 2, Switzerland 2, Turkey 2, United Kingdom 2, Yugoslavia 2), 23 participants finally met in Vienna. Despite their confirmation two Fellows from Yugoslavia and one each from Slovenia, Slovakia and Turkey were unable to attend. Norway did not nominate any Fellows. The EFORT Travelling Fellowship always includes two Fellows from Asia and we therefore had one from Thailand and another from Singapore.

The Fellows were welcomed on Sunday evening in Vienna by Professor Knahr (EFORT national delegate of Austria) and Dr Kasparek (former Austrian Travelling Fellow). The 'EFORT-bus' had been organised to provide transport during the whole week in Austria. The Fellows had a scenic trip around the mountains of Vienna with a wonderful view over the town and afterwards a visit to a famous Vienna 'Heurigen', where they had the opportunity for their first personal contacts.

The scientific programme began early on Monday at the University Clinic of Vienna where Professor Rainer Kotz gave them a warm welcome. During the morning they were present at various surgical procedures in the operating theatre of the new University Hospital. The major topics of the afternoon programme included the presentation of the ten-year results of the cementless Alloclassic Hip, recent advances in autologous chondrocyte transplantation and the long-term results of tumour resections and prosthetic replacement, one of the main interests of this clinic.

The following day the Fellows visited the Speising Orthopaedic Hospital, Austria's largest orthopaedic institution with 265 beds and five departments. Prim. Friedrich reported on how to make the most of exercise therapy and Professor Grill discussed his experience in paediatric orthopaedics, including treatment of the congenital short femur, rare congenital deformities of the foot and of tibial pseudarthrosis using the Ilizarov technique. Professor Tilscher informed the Fellows about his strategies for treatment of pain syndromes of the spine, Prim. Landsiedl's papers included repair of the rotator cuff and treatment of the unstable shoulder and finally Professor Knahr presented the Variall Hip System, a new concept for cementless total hip arthroplasty.

In the afternoon the bus brought the Fellows to Linz, the next stop on their trip through Austria. On Tuesday evening and Wednesday morning they were guests of Professor Böhler, President-elect of EFORT. The scientific programme included recent experiences of metal-on-metal bearings in total hip arthroplasty, the demonstration and presentation of the results of extracorporeal shock-wave therapy and experiences in the surgical treatment of hip deformities in children with cerebral palsy. After lunch Professor Böhler and his staff invited the group to visit an organ concert at the Basilika of the monastery of St Florian, where the famous Austrian composer Anton Bruckner spent part of his life.

In the evening the Fellows moved to Salzburg where their host was Dr Dorn, Head of the Orthopaedic Department at the Landeskliniken. The scientific programme included surgical procedures in rheumatoid patients, the incidence of congenital foot deformities in newborn infants, ultrasonography of the hip and experience in total hip and knee arthroplasty. The afternoon was free and they had the option of a tour of the wonderful city of Salzburg.

The members of the eighth Travelling Fellowship with Professor Karl Knahr.

The last city to be visited was Innsbruck, where the Fellows were the guests of Professor Krismer, the successor of Professor Bauer at the Orthopaedic University Clinic. In line with its main scientific emphasis, the programme included measurement of migration of total hip joints, spine biomechanics and scoliosis surgery. The afternoon was reserved for a social programme which was an unforgettable adventure. Professor Krismer organised a rafting tour along one of Tyrol's famous rivers, ending with an evening barbecue party.

On Saturday morning the group left Innsbruck for their home destinations.

At the end of the visit I asked the Fellows to give me their impressions and also criticisms. Unfortunately, only a few responded. In general, they were happy with the scientific and social programmes and they enjoyed making friends with other colleagues from all over Europe and even from Asia.

There were two criticisms. First, they thought that the number (23) was too large to get to know each other well in one week. Secondly, a disadvantage was the very differing educational level of the Fellows ranging from some who just had started their orthopaedic training to others who had already been working as orthopaedic surgeons in general practice or in hospitals for a few years.

Nevertheless, I think that they were happy with their experiences. We, the organisers in Austria, very much enjoyed their visit.

UEMS

Orthopaedic section

Marc Speeckaert

On July 20 1958, one year after the treaty of Rome had been signed, the European Union of Medical Specialists (UEMS) was founded in Brussels by representatives of the professional organisations of medical specialists of the six member countries of the then EEC, now the EU.

It tackled the problems of quality from the outset by trying to obtain from the European Commission and Member States a level of medical and specialist training which was high and equivalent in all countries. This was seen as an essential step to allow free movement of doctors among member countries. It led to the elaboration of common general criteria applicable to all specialists wishing to move from one country to another.

In 1962 the UEMS created specialist sections in each of the main disciplines practised in Member States to realise this ambitious project.

These groups of experts, representing the specialist associations of each country, worked hard to achieve this objective by co-ordinating and eventually harmonising both training programmes and the criteria for the recognition of medical specialists.

The first European directive concerning doctors was published in 1975, and was largely inspired by the proposals and surveys of the UEMS and its specialist sections.

In the meantime the European community had been enlarged to include the UK, Ireland and Denmark, which led to further improvements in the existing doctors' directives. In turn, these were applied to the six further countries joining the Union, as well as Norway and Switzerland who were not actually members of the EU.

Successive enlargements led to changes in the structure of the UEMS and expansion of the number of specialist sections to 34. The European Commission created an Advisory Committee on Medical Training (ACMT), which links the Commission with professional organisations, the universities and national governments across Europe. UEMS immediately established links with this new body. It in turn received reports from all the UEMS specialist sections during 1980 and 1981.

In the 1990s UEMS has created European Boards as the working groups of each specialist section. The principal objective of these has been the training of specialists to the highest level across Europe. In some

TRAVELLING FELLOWSHIPS 2000

Spring

The tenth EFORT Travelling Fellowship will be organised by the Belgian Society for Orthopaedics and Traumatology.

Autumn

The 11th EFORT Travelling Fellowship will be in Sweden under the auspices of the Swedish Orthopaedic Association.

Travelling Fellowship Club

The EFORT Travelling Fellowship Club continues to grow rapidly. Dr Mauch has now been replaced as secretary by Dr Peter Schroeder from the Orthopaedic Clinic in Ulm.

specialties this has led to Europe-wide examinations.

The orthopaedic group has remained very active throughout this process. It has contributed a minimal requirement for orthopaedic specialist training to the General European Charter on the training of doctors. It has long maintained an interest in gathering orthopaedic manpower data. These data have been used by a variety of interests in different parts of the Union, as elsewhere in the world.

The orthopaedic section has pioneered the concept of control systems for training centres. CME (Continuing Medical Education) is another important item, both for maintaining an assurance of quality in medical practice and for keeping the training of medical specialists at the highest possible level. Last, but by no means least, the section wishes to maintain the autonomy of the medical specialist and to defend medical interest.

Manpower data: methods of collection

Jeremy Fairbank

The UEMS orthopaedic section has had a subcommittee devoted to the collection of manpower data for seven years. This has developed questionnaires for the delegates of each country. We have aimed for basic manpower data, data on training facilities, the structure of medical and orthopaedic training, and some basic indicators of orthopaedic activity (mainly hip and knee replacement). In the past we have attempted a breakdown by subspecialty, but we find that the available data are unreliable, and therefore have not attempted this in this year's publication. Datasets have been published at each of the previous EFORT Congresses.

The data have been collected by the national associations by various means, including government figures and commercial data, as well as their own databases. These databases have been developed from membership lists and surveys. The quality of the data is variable, and it is not possible for us to place confidence intervals on the data which we present. There is no doubt that partly through the impetus of previous surveys and the publication of comparative data, the quality of the data which we present today is much more reliable than previous datasets. These data have been used in various ways by different countries. We would welcome suggestions for topics for future collections of data.

Manpower Data 1999 can be obtained by writing to Dr Marc Speeckaert, St Franciscus Ziekenhuis, Boerhaavelaan 25, NL-4708 AE Roosendaal, The Netherlands.

Concepts of the human foot in mythology, art and surgery

John Kirkup, MD, FRCS, Honorary Curator, Historical Instrument Collection, Royal College of Surgeons of England

Despite recent perplexing finds, anthropologists believe that adoption of the erect posture was a fundamental turning point in mankind's ancestry. An upright stance gave the hands freedom to acquire spectacular dexterity while, concurrently, the spine and lower limbs underwent major functional modifications; the feet, which originally resembled hands, lost prehensile control to metamorphose into weight-bearing end-organs, acting both as static props and dynamic sources of bipedal propulsion. To emphasise the unique structure of the foot, Wood Jones[1] asserted that: "It is the most distinctly human part of the whole of his anatomical make-up . . . and, whether he be proud of it or not, it is his hall-mark and so long as Man has been Man and so long as he remains Man it is by his feet that he will be known from all other members of the animal kingdom".

Long before this scientific accolade, many communities devoted attention to the foot, linking it with myths, religion, astrology and artistic expression, to generate diverse interpretations of its normal anatomy. By contrast, medical interest has focused largely on deformity.

Mythology, Achilles heel and 'Achilles tendon'. Many of the gods and deities of ancient Greece and Rome were invested with the power of healing. Some were associated with vulnerable or deformed feet including Achilles, Oedipus, Hephaesticus (Vulcan) and Talos.

As an infant, Achilles was dipped in the river Styx by his mother Thetis, reputedly to cloak him with immortality (Fig. 1). Held by one heel, Thetis failed to immerse his hindfoot completely and ultimately Achilles' unsubmerged heel proved to be the site of a fatal arrow wound. Before this event, Achilles slew Hector at the battle of Troy and dragged the body behind his chariot, of which episode Homer wrote: "He drilled the cords behind both feet, from heel to ankle, and attached oxhide thongs, and bound him to the chariot" (Nutton, perso-

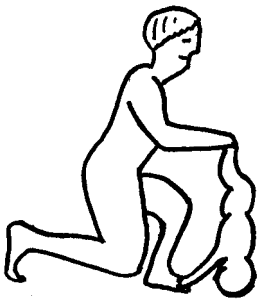

Fig. 1

Thetis dipping the infant Achilles in the river Styx. From bronze relief decorating a wagon; Roman Imperial period. (With permission of the British Museum.)

nal communication).[2] This suggests that cords were passed between the ankle and the insertion of the so-called Achilles tendon, as when strung up by the heels. If interpreted correctly, we should abandon the Achilles misnomer in favour of 'Hector's tendon'.

Confusion between the heel bone and its associated tendon arose three centuries ago when Verheyen[3] suggested the term 'chorda Achillis'. This passed unchallenged and the highly appropriate 'tendo magnus' of Hippocrates and 'chorda Hippocratis'[4] were replaced by the interloper, 'Achilles tendon'. Even today's term 'tendo calcaneus' is often ignored, not least by surgeons who fail to discriminate between this major tendon and the Achilles heel, an area of the anatomy corresponding to the body of the calcaneum; typical ruptures of the tendo calcaneus occur which are distinct from those of the bony area gripped by Thetis.

The god Oedipus, 'swollen feet', was either born with deformities of the feet or had both feet pierced and ligatured together at birth by his father, Laius, who abandoned him to die. This action was precipitated when Laius heard an oracle which declared that his son would kill him. Protected by Polybus, Oedipus survived and as an adult overcame his disability only to, unwittingly, kill his father and marry his mother who bore his children. This myth was manipulated by Freud to compose his Oedipus complex. In view of Oedipus's energetic activities, his blemished feet hardly amounted to a serious locomotor disorder and further explanation of his imperfection remains a mystery. Hephaestus, the personification of volcanic fire, was depicted as the blacksmith of the gods with crippled feet and possibly dislocated hips. Like Oedipus, he had been rejected in infancy. Among numerous works, he fashioned the armour of Achilles and Talos the giant who was forged in bronze. He is often portrayed with a smith's hammer and tongs, both ancestors of important surgical instruments.

Talos, the bronze figure who protected Crete, was, like Achilles, vulnerable in the foot with a single vein running from head to ankle sealed in the foot by a bronze nail or membrane. He died when Medea sang him to sleep and either pulled out the nail or pierced the membrane.

Images and amulets. Various cultures in Africa (Bambara, Dogon, Fon and Bushman), South America (Inca and Aztec), Asia (Samoyed) and Australia (Wiradyuri) have carved single-footed human images (Fig. 2), with both legs merged, to represent deities or divinities controlling lightning, thunder or rain (Colomes, personal communication). The wide distribution of these effigies is remarkable and their rationale even more mysterious. The large foot of these statues is extremely stable and possibly remained upright in a thunderstorm when two-footed forms overturned into fallen idols. Pendant amulets of the feet are widely found in archaeological material of the Near East. Many date from the eighth century BC and may, according to Moorey,[5] have a connection with the cult of the 'Divine Foot' which offered supernatural protection during the journey of the dead to the netherworld. For many ancient Egyptians mummified to cope with this long journey, each individual toe was carefully bandaged and yet both feet were wrapped together as one (Valenti, personal communication).

Tokens of parts of the body in stone, terracotta and metal have survived in Greek temples, Roman sanctuaries and Christian tombs, usually displaying normal anatomy. Many represent the foot and lower leg, deposited as votive offerings for healing or as a protection against future ills.[6]

In 210 AD, the Rabbi Ushaia described a human bone which can never be burned

Fig. 2

Single-legged image with massive foot in wood; possibly Basongo tribe, Congo, 1880-1910. (With permission of the Science Museum, London.)

or corrupted, called 'luz' or 'lus', as the repository of the soul after death.[7] Candidates for this power included the coccyx, sacrum, 12th dorsal vertebra, Wormian bones and the sesamoids of the great toe. In 1543 Vesalius described a sesamoid bone of the foot as: ' . . that which the magicians and followers of occult philosophy so often call to mind as being fashioned like a chick-pea, liable to no decay and which buried in the earth after death will reproduce men like a seed on the day of the Last Judgement".[8]

Astrology. For many centuries the predictions of astrologers or astrologer-

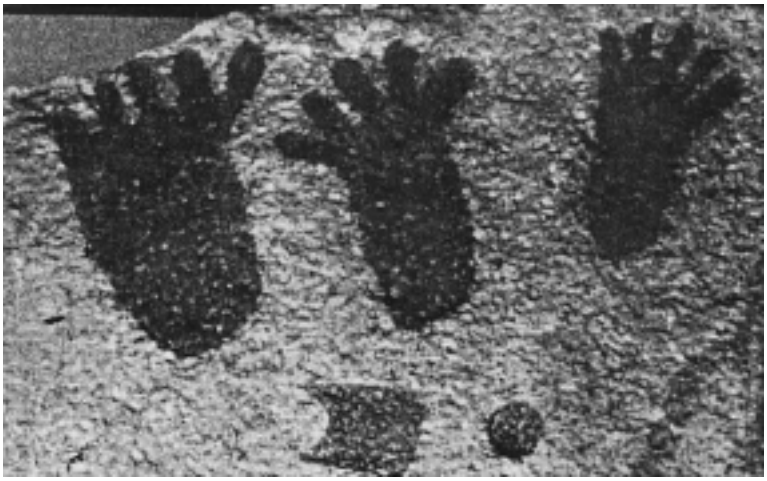

Fig. 3

Foot and other shapes carved into stone cist slab and painted red; round barrow, Mendips, c. 1500 BC. (With permission of Bristol City Museum.)

physicians were sought in medical diagnosis, prognosis and treatment. Thus the patients' zodiacal sign determined when purging and bleeding were propitious. As late as 1639 Woodall[9] advised against amputation of the foot when the moon was full. Illustrations of this concept first appear in the 13th century in European manuscripts, the feet being linked to the 12th sign, Pisces, denoting the tail of the cosmos,[10] that is the end of the zodiacal year and perhaps by analogy the last anatomical region to appear at birth, and also possibly the most inferior element of the upright human frame.

Artistic representation. Neolithic outlines sculpted in caves and burial chambers often provide striking individuality for each toe (Fig. 3), perhaps because a barefoot society appreciated their contribution to survival in ways which today appear remote. Their relatively square appearance is often repeated in Cycladic, early Egyptian, Nigerian and Mexican art. Egyptian paintings often perplex by indicating either two right or two left feet whereas Assyrian representations commonly feature a strong and prominent great toe clearly differentiating right from left. Egyptian statuary usually shows the great toe longer than or equal in length to the second toe. This 'Egyptian foot' contrasts with the 'Greek foot' ideal of a prominent second toe. It appears that Greek artists adopted this as an aesthetic standard which was continued by the Romans and maintained throughout the Renaissance and even later. Both Leonardo da Vinci and Vesalius illustrated skeletons with long second toes, Leonardo drawing a long second proximal phalanx and Vesalius a long second metatarsal, both of which may be anatomically correct. Today, the long second toe affects less than 10% of the world's population, often producing a surgically weak foot in shoe-wearing societies.

A common artistic image depicts victims removing thorns from their feet. An early example was displayed in the Palazzo dei Conservatori in Rome, cast in bronze during the first century BC. Many others are sculpted in stone and wood, especially in mediaeval churches, usually displaying the pincer-like action of the right thumb and index finger in extracting a thorn from the left foot. It is easy to imagine that such accidents were everyday events when populations went unshod.

Crucifixion. Christ's feet are detailed in paintings and sculptures of his Crucifixion. If the limbs were anchored to the cross with ropes, Christ's feet (and hands) were always nailed, occasionally side by side on to a foot rest or suppedaneum. Without a foot rest, the feet were nailed directly to the vertical post or stipes which required the knees to flex in order to accommodate a marked equinus position of the foot. If both feet were held with one nail, the flexed knees were forced to rotate to one side or the other.[11] It has also been suggested that the space between the bases of the second and third metatarsals was the nailing site of election, enabling the victim to exert some downward, if excruciating, supportive pressure.[11] Indeed, all depictions scrutinised, including Mantegna's dramatic study (Fig. 4), show the nails or their wounds in the midfoot, suggesting an insecure anatomical hold, leading to the feet cutting out.

Fig. 4

Christ's feet after crucifixion; oil painting by Mantegna, c. 1480.

Unlike these representations, an excavation of a crucified skeleton by Haas[12] in 1970 demonstrated a single nail passing through both heel bones, that is the calcanea and, incidentally, the vulnerable point of Achilles. Fixation in cancellous bone would certainly have proved more secure than between the metatarsals about which rotation and exit through soft tissues were possible. Nails between the tarsal bones would also be secure against slippage.

Confusion on these issues is not surprising as none of the artists responsible had attended a crucifixion since this gruesome sentence was abolished by the Roman Emperor Constantine in the fourth century AD. One of the earliest known scenes of Christ Crucified is said to be carved on the doors of the Santa Sabina in Rome, during the fifth century. As with most early depictions, each foot is nailed separately; could it be that the later popularity of the single nail in both feet, added to two in the hands, was promoted to reinforce the concept of the Trinity?[13] In reality, both carved and painted forms of Christ's Crucifixion, like the Cross itself, soon became symbols modified for religious reasons, perhaps because the original details were too horrendous to repeat.

Surgical deformities. Abnormalities causing crippling proved to be a liability to primitive communities struggling to survive by foraging for long distances for food, hunting game and fighting rival tribes. It is claimed that such handicapped infants were despatched at birth, at least in some societies. Severe club foot, especially if bilateral, was a cause for such action. Even if survival was tolerated, the life of victims with uncorrected club foot, like their gait, was far from smooth. Despite celebrity status, certain historical personages afflicted with inveterate clubbing confirm this view. Macaulay[14] said of Lord Byron: "He had a head which statuaries loved to copy, and a foot the deformity of which the beggars in the street mimicked."

Others afflicted with similar disability include Robert II of Normandy, Henry II of France, Timur Lang or Tamerlane the 14th century Mongol leader, de Talleyrand the diplomat, Walter Scott the writer, and Goebbels the Nazi politician.[15]

Minor deficiencies of the feet are common and supportable but major deficiencies, such as absence of the fibula and foot deformity with reversal of its posture, rendered the victim inactive before the days of amputation and artificial limbs. If lobster-claw cleft foot, stigmatised by ancient authors as a cloven hoof, is no longer cause for infanticide, it remains very distressing socially, especially for female sufferers.

Conclusions

1. Many concepts associated with human feet in early myths and cults stem from the imagination of barefoot or open-toed societies, in contrast to those in cooler climates obliged to hide them in footwear.
2. Artistic images of the feet vary from one community to another, frequently ignoring strict anatomical factors and, in the case of crucifixion with nails, failing

to appreciate anatomical limitations. This is no criticism of artists because surgeons themselves have been remiss in studying human feet.

3. Many see the foot as a second-rate hand and limit clinical examination to the dissecting position of anatomists, that is, with heels resting on a couch and the toes pointing vertically into space. We must recall that "the hall-mark of man" has been to evolve to bear body-weight, not only statically but also dynamically for walking, running and other complex activities. Efforts must be directed to measure disability in a functional posture.

To quote Wood Jones[16] again:

"It would be an exaggeration to say that it were better for the surgeon who would treat the disabilities of the foot had he never learned of the structure and function of the hand; but there is a very real element of truth in such a statement".

Undeniably, our hands occupy space, and our feet *terra firma.*

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The 20th Anniversary of the Scandinavian Sarcoma Group (SSG)

Ulf Nilsonne

The SSG was founded in Oslo, Norway, in 1979 by a group of people especially interested in the diagnosis and treatment of sarcomas. Leading men were Öyvin Solheim, Oslo, who became the first President of the organisation, and Thor Alvegård of the University of Lund, who is the present President, both oncologists.

The background to the formation of the SSG was the production at the time of more effective chemotherapeutic drugs and also the increasing use of limb-salvage surgery. Reconstruction after tumour resection by allografting had already been used in the 1960s in Stockholm and in Turku, Finland. The first step of the SSG was to point out that all sarcomas, being relatively rare tumours, should be treated in specialised centres in each Scandinavian country. This was done by sending recommendations to all local hospitals and local doctors that all patients with sarcoma or suspected malignancy of that kind, should be referred to such a centre to be treated by a specialised tumour group. It was also recommended that the tumours should be referred untouched and that any type of invasive procedure should only be performed at the centre. These recommendations were gradually accepted. In a short time cases of skeletal sarcoma became concentrated in the centres, whereas the referral of patients with sarcoma of the soft tissues proceeded more slowly initially. Today, however, almost all cases of sarcoma will be referred to a national centre for diagnosis and treatment.

At the start the composition of the SSG consisted of subcommittees for radiology, pathology and cytology, surgery, chemotherapy and radiotherapy, and tumour epidemiology. In each subcommittee guidelines for the handling of specified tumour groups were worked out. Afterwards, at a plenary session the defined programmes were agreed upon. In this way the diagnosis and treatment of sarcoma became uniform in the Scandinavian countries. Later, the SSG was enlarged by the formation of subcommittees in nuclear medicine, tumour biology and cytogenetics and clinical pharmacology. Also there is now a subcommittee in skeletal metastases in cancer because of the similarities between the oncological and surgical treatment of patients with sarcoma. Of particular importance is the Central Registry, to which in principle all treated sarcomas are reported. This will allow truly population-based studies of the biology of sarcoma to be carried out. The Central Registry has already been the source of several scientific publications, among them PhD theses.

The SSG has good relations and exchanges with other musculoskeletal oncological societies such as the Italian Sarcoma Group (ISG), the European Musculoskeletal Oncology Society (EMSOS), the Connective Tissue Oncology Society (CTOS), the Society for International Paediatric Oncology (SIOP) and the European Organisation for Research and Treatment of Cancer (EORTC). Several SSG members are also members of some of the above-mentioned groups. In 1998 and 1999 close co-operation was developed between the SSG and the Italian Sarcoma Group in making joint protocols for treatment of osteosarcoma and Ewing's sarcoma.

For the reader interested in the scientific publications originating from the SSG the 20th anniversary publication is recommended. This was published as Supplementum 285 of *Acta Orthop Scand*, 70, June 1999.

Gisela Sturm Award

E. Morscher

The Gisela Sturm Award of 40 000 Swiss Francs is given to the best submitted innovative scientific work in the field of artificial joint replacement which significantly contributes to progress in this area. Eligible applicants are basic or clinical scientists working in a European orthopaedic centre. The submitted publication must not only be an innovative idea but rather the result of years of scientific work resulting in important progress in endoprosthetics of clinical relevance. The award is given at the occasion of the biennial EFORT Congresses – this year for the 1998 submission. Unfortunately, no submitted publication was considered of worth by the jury for the year 1999.

The third winner of the Gisela Sturm Award – the first in 1997 was divided into two – is Professor Rik Huiskes, Director of the Orthopaedic Research Laboratory of the Orthopaedic Department of the University of Nijmegen, The Netherlands, for his scientific work entitled *Towards pre-clinical testing of periprosthetic bone remodelling*.

Professor Huiskes was born in 1944 in Eindhoven and graduated as MSc in 1974 and BE (Eng) in 1970. He then gained his PhD at the University of Technology in Eindhoven in 1979 with a thesis on the mechanical aspects of human joint replacement. He has published more than 144 original scientific papers on artificial joint replacement in refereed journals, 40 of them as first author, and 66 books or book chapters. He is Editor, Co-editor or a member of the Editorial Board of several orthopaedic, particularly biomechanical, journals and president or member of the board of several international orthopaedic and biomechanical societies.

In his study on periprosthetic bone remodelling he simulated Wolff's paradigm of mechanically controlled adaptive bone remodelling using computer models based on finite element analysis. These simulation models use mathematical rules which describe the assumed relationships between local bone loads and bone mass. These models are especially valuable for the preclinical testing of orthopaedic implants, relative to their bone-maintaining capacities.

Professor Rik Huiskes

A NEW 'BIBLE' ON ORTHOPAEDIC SURGERY SOON TO BE PUBLISHED UNDER THE AUSPICES OF EFORT

During the year 2000, EFORT and Elsevier will publish an English-language reference work on surgical techniques in orthopaedics and traumatology. The Scientific Committee is composed of eminent European specialists working with authors from each field. This collection of about 1600 pages will be presented in four volumes. An original feature is its updating several times a year to present new developments in orthopaedic surgery. Amply illustrated with original drawings and enriched by colour, this reference work will be a source of high-quality information. This ambitious project should be welcomed by all European orthopaedic surgeons and deserves your active support.

Professor Jacques Duparc

NEWS OF SOCIETIES

Shoulder Arthroplasty - Past and Future

Paris, January 24 and 25 2000

Honorary Chairman: C. S. Neer II
Chairman: R. H. Cofield

The Congress will be held under the patronage of the European Society for Shoulder and Elbow Surgery (ESSSE) at the Palais des Congrès, Paris. It will be organised by the Shoulder Unit of the Institut de la Main, Clinique Jouvenet, 6 Square Jouvenet, 75016 Paris, France. For further information contact: Secrétariat Scientifique, D. F. Gazielly (tel 33.1.42.15.42.28; fax 33.1.42.15.40.04).

Italian Society of Orthopaedics and Traumatology

The 85th Annual Congress will take place in Turin-Lingotto from October 23 to 26 2000.

The main topics will be: progress priorities in joint replacement; progress in medical robotics and image-guided surgery; progress in human genetics; progress in microsurgery; tissue banks; progress in fracture care; progress in spinal surgery; progress in orthopaedic training; and the orthopaedic challenge in an ageing population with limited resources.

For further information contact: O.I.C. Organizzazione Internazionale Congressi, Via Fatebenefratelli 19-20121, Milan (tel 02-6571200; fax 02-6571270; e-mail oicmi@energy.it or the SIOT web http://www.siot.it).

18th Course for Percutaneous Endoscopic Spinal Surgery and Complementary Techniques

Zürich, January 20 to 21 2000

This course, with an international guest faculty, under the auspices of ISMISS, will take place at the Hospital Pflegi-Neumünster, Zollikerberg/Zürich, Switzerland. The main topics will be percutaneous intradiscal, foraminal and peridural endoscopic procedures and seeing instruments with a hands-on workshop and industrial boot exhibition. The co-ordinator is: PD Dr.med.Hj.Leu, Prisma Spine Unit, Spital Pflegi-Neumünster, CH-8125 Zollikerberg/Zürich, Switzerland (fax: xx41-1-391 24 38).

Seventh Annual Congress of the German Society for Shoulder and Elbow Surgery (DVSE)

Bad Homburg, May 19 to 20 2000

The Congress will be held in the Bad Homburg Congress Centre.

The main topics will be:
Basic science: What's new in shoulder biomechanics? What has molecular biology to offer?
Shoulder instability: Open or arthroscopic surgery? Does capsular shrinking improve the prognosis? What is good rehabilitation?
Shoulder replacement: New concepts, new models; With or without glenoid replacement? Postoperative rehabilitation.
Elbow joint replacement: Proven concepts and models.
Alternatives to replacement.
Free topics.
For further information contact: Professor Dr N. Wülker, Orthopaedic Department, Hannover Medical School, Heimchenstrasse 1-7, D-30601 Hannover (tel +49-511-535-4343; fax +49-511-535-4343; e-mail wuelker@annastift.de; Internet http://www.schulter2000.de).

Brussels International Symposium - Diagnostic Imaging of the Shoulder, Elbow and Wrist Joints (Groupe d'Étude et du Travail en Ostéo-Articulaire)

Genval (Brussels), Belgium, April 28 to 29 2000

The deadline for abstracts is December 31 1999.
For further information contact: Professeur F. Schuind, Service d'Orthopédie et Traumatologie, Hôpital Universitaire Erasme, 808 Route de Lennik, B-1070 Brussels, Belgium (tel +32 2 555 68 44; fax +32 2 520 35 56; e-mail fschuind@ulb.ac.be).

French Meeting of Hand Surgery (GEM)

Palais des Congrès, Paris, December 16 to 18 1999

For information contact: Secrétariat Scientifique, R. Legré, Hôpital de la Conception, 147 Boulevard Baille, 13385 Marseille, Cedex France (tel (33) 04 91 38 35 48; fax (33) 04 91 38 14 39; e-mail riegre@ap-hm.fr) Subscriptions: MCO Congrès, 28 Rue du Four à Chaud, 13007 Marseille (tel 04 95 09 38 00; fax 04 95 09 38 01).

The Elbow 2000 – Advances in Biomechanics and Surgical Techniques

Düsseldorf, March 2 to 5 2000

The International Congress and Instructional Course of the Elbow Section of the German Society for Shoulder and Elbow Surgery will take place on March 2 to 5 2000. The main topics are: tendopathies and osteochondrosis/osteoarthrosis of the elbow; nerve injuries and entrapment/compression syndromes at the elbow; fractures of the elbow; total elbow arthroplasty/artificial joints; the Guest Lecture; and unsolved problems and special pathology around the elbow.
The deadline for papers is January 31 2000.
For information contact: Administrative Secretariat, Dr med. Christian Jantea, Orthopaedic Department, Henrich-Heine University, Moorenstrasse 5, D-40225 Düsseldorf (tel 0049-211 811 8784; fax 0049-211-934-8390).

Seventh Congress of the Federation of the European Societies for Surgery of the Hand (FESSH) and Sixth Congress of the European Federation of Societies for Hand Therapy (EFSHT)

Barcelona, June 21 to 24 2000

For further information contact: Chairman: Alberto Lluch, Institut Kaplan, P^{o} Bonanova, 9, 2^{o}, 2^{a}, 08022 Barcelona, Spain (tel (+34)93 417 8484; fax (+34) 211 0402; e-mail; lluch@filnet.es) Organising Secretariat: Pacifico SA, Enric Granados, 44, 08008 Barcelona, Spain (tel (+34) 93 454 5400; fax (+34) 93 451 7438; e-mail gp@pacifico-meetings.com; Internet http:/www.thehand.com/fessh/congress).

ICBM 2000 - International Congress on Bone Metastases

Paris, June 22 to 24 2000

The Congress will be held in the Hilton Hotel, Paris.
For further information contact: General Organisation ORIEX, 25 Rue André Joineau, 93310 Le Pré Saint Gervais, France (tel +33 1 48 91 89 89; fax +33 1 48 43 49 94; e-mail oriex@oriex.fr; Internet www.icbm-congress.com).

European Orthopaedic Research Society

H. Kienapfel

19th Conference, June 2 to 4 1999 Brussels. There were 14 plenary sessions, three instructional courses and five poster sessions. We are thankful for the support of EFORT.

EFORT-EORS Orthopaedic Research Award. Based on the initial idea of Otto Sneppen, the President of EFORT, this research award has been established. It is to be given every second year in connection with the EFORT and EORS Congresses to an outstanding research paper. The Award will be announced in leading orthopaedic journals at least one year before the Congress, and papers must be submitted at least six months before the Congress.

To be eligible for the Award, papers submitted must fulfil the following requirements:
1. They must be original, not previously published or presented internationally.
2. They must conform to the formal requirements for papers submitted to the *Journal of Bone and Joint Surgery [Br]*. The authors must agree to publication of their paper in that Journal, and they must agree to editorial adjustment of their manuscript.
3. The paper must meet the highest standards in orthopaedic research.
4. The research reported may be basic orthopaedic research, applied basic orthopaedic research or clinical orthopaedic research.

The Award is for 10 000 ECUs with publication of the paper in the *Journal of Bone and Joint Surgery [Br]*. In addition, it will be presented during the EFORT Congress as the EFORT-EORS Award Lecture.

The submissions are evaluated by a committee (the EFORT-EORS Award Committee) consisting of three members as follows: one appointed by the Executive Committee of EFORT, one by the Executive Committee of EORS, and one jointly by the Editor and Deputy Editor for Research of the *Journal of Bone and Joint Surgery [Br]*.

Funding of the Award is provided equally by EFORT and EORS.

Future EORS Meetings.
10th EORS Congress EORS 2000. This will take place at the Rhein-Main Hallen Conference Centre in Wiesbaden together with the Annual Conference of the German Association for Basic Research in Orthopaedics from October 13 to 15 2000. Wiesbaden can be reached directly from Frankfurt International Airport by commuter train within 20 minutes.

The scientific programme will cover a wide range of research fields connected with orthopaedic surgery including instructional courses on: gene therapy in spinal disorders; computer-assisted orthopaedic surgery; mechanical stimulation of connective tissue cells; pathophysiology of osteoarthritis; gene therapy in arthritis; tissue engineering of cartilage; gene therapy in fracture healing; tissue engineering in bone.
Combined Orthopaedic Research Society Meeting. This will take place in June 2001 in Rhodes, Greece. It will be a combined meeting of the American, Canadian, Japanese and European Orthopaedic Research Societies in co-operation with EFORT.