A VISIT TO THE UNITED STATES

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Orthopaedics Seminar in San Francisco

It was an unexpected and pleasant surprise to hear that I had been selected to visit the United States in order to attend an Orthopaedics Seminar in San Francisco.

The flight by B.O.A.C. Boeing 707 was extremely comfortable and quite uneventful; the only excitement of the journey was when the driver of the bus from Victoria to London Airport, unfamiliar with the usual route, took a short cut which made us about thirty minutes late. The gradual gain of eight hours on the way to San Francisco was accompanied by the repeated appearance of luncheon trays. During a brief stop at New York en route I was met by a member of the British Army Staff and given an advance allowance in dollars and details of my itinerary; the British Army Medical Liaison Officer in Washington, Colonel Granger Reed, had already planned an extended and interesting visit for me. Colonel Harold S. McBurney, the Chief of the Orthopaedic Service at the Letterman General Hospital of the U.S. Army who had the responsibility for organizing the Seminar, still found the time to meet me at San Francisco Airport; this was typical of the hospitality shown me by everybody while I was in the States. After locating and rescuing my luggage, which was circulating on a machine rather like a circus roundabout, Colonel McBurney drove me to my quarters for the Seminar, which was situated in the Presido of San Francisco.

The Presido is the site of the original Spanish garrison set up in 1776 and taken over by the Mexicans in 1882, when they gained their independence, until 1846, when the United States took forcible possession of it. The camp is in a most attractive situation with eucalyptus trees on the slopes above and a fine view of the coast and the Golden Gate Bridge; the sinister mass of Alcatraz can also be seen, but it is no longer occupied as a prison. I was installed in the V.I.P. Quarters, which were most luxurious, and was immediately invited out for the evening by Colonel McBurney. At his home I met the senior Canadian Army surgeon at the meeting, Colonel Bailey Powell.

The Americans believe in early rising; registration for the Seminar commenced at 7.30 and the meeting opened at 8.15 with a welcome from General Schwartz, commanding the Letterman Hospital.

The society of Military Orthopaedic Surgeons first met in 1959; this was its fifth Seminar. The enormous medical commitment of the Armed Services and of the Veterans' Administration was reflected in the wide field of orthopaedic surgery covered. Papers were presented every morning for four days, and the afternoons were left free for visits to places of interest; each paper was discussed by an appropriate well-known authority. There is little point in a detailed description of all these subjects; Dr. Lot D. Howard of San Francisco gave a fascinating account of plastic aspects of hand surgery, and Major Austin Potenza of the Walter Reed, whose earlier published work on tendon healing had particularly interested me, described his most recent research on the healing of these grafts. The medical interest was sustained throughout the whole Seminar, which was punctuated by incidental light entertain-
A Visit to the United States

ishment and a mid-morning break during which “Coke and Monterey Jack Cheese” were consumed.

While in San Francisco I was constantly entertained and shown anything in which I evinced an interest. The orthopaedic wards at the Letterman were not unlike our own at the Herbert, with many similar problems. Their intern training programme was most efficiently organized. I was also shown around the Naval Hospital at Oakland, which includes an excellent prosthetic workshop from which much research and many recent advances in limb prosthesis have been made. I also found time to visit China Town, Fisherman’s Wharf and the Top of the Mark.

I was invited to attend the Combined Service meeting on the final day of the Seminar. It was extremely interesting to hear the domestic problems of the U.S. Services, many of which are the same as our own. Finally, I was elected to full membership of the Society of Military Orthopaedic Surgeons and (a rather nice touch) Chairman of the British branch for 1964. The hope was expressed that a future meeting of the Society may be arranged in London. I received many invitations during my stay, including one from the Canadian Consul-General, who was kind enough to invite me to his home in San Francisco in company with a number of Canadian and American orthopaedic surgeons. My last day in San Francisco was spent once more as a guest of Colonel McBurney, this time on his fine cabin cruiser, The Bonny Scot, which was equipped for almost any emergency short of sinking submarines, and there may well have been some depth-charges concealed in the whisky bottles aboard!

The following morning, Sunday, with regret and a resolve to return one day, I left San Francisco to fly to Washington. I arrived there at Dulles Airport at 5.30 p.m., where I was met by Major Joe Gatt, R.A.M.C., who had himself recently arrived to work at the Armed Forces Institute of Pathology (A.F.I.P.). He conducted me to comfortable quarters at the Walter Reed Hospital. On Monday morning I was introduced to Colonel Brav, the Chief of Orthopaedic Surgery there and a conducted tour of the hospital was arranged for me. The Walter Reed is an impressive hospital and well laid out. The operating suite is situated on one floor; this is convenient for teaching purposes for the Department of Anaesthesia and an advantage for the theatre staff, but often means that the patient has some distance to travel from wards to the theatre; the recovery ward is used for these patients in their early post-operative stage. While I can see the advantage of this system and the economy of staff involved, I still prefer my patients to wake up in their own bed, among fellow patients and staff they know; this enables the ward sister and staff to carry the treatment through without interruption.

The limb and brace shop at the Walter Reed was up to date and very well staffed with experienced technicians. Weight-relieving calipers, for instance, were individually made for healing lower limb fractures. The results were certainly more finished and a good deal more expensive, but probably no more effective than the Charnley adjustable weight-relieving caliper which we use. The general run of orthopaedic fracture cases again was very similar to our own, and techniques were also remarkably similar. The organization of post-graduate training was most efficient and in this, I feel, we fall rather short of their standards, teaching largely by precept as we do. A very pleasant afternoon was spent in the hand clinic with Colonel Reed; much time was
spent in discussion of each case between surgeon and patient, and I thought with regret of our own crowded out-patient sessions. Perhaps improvement in our out-patient facilities, with an attendant shorthand typist, would give us more time to talk to the patient. It is certainly time that our clinics were supplied with more than one examination cubicle so that the surgeon is not kept waiting while each patient dresses. We spent the late afternoon sight-seeing Washington and visited the White House, the Capitol and the Washington Memorial; although it is a fine city, in my opinion it is not as impressive or attractive as San Francisco.

On Tuesday I visited the A.F.I.P. A large building in the grounds of the Walter Reed, its stark appearance is due to the fact that it is proof against "fall-out" and has no exterior windows. Captain Robert Brown of the U.S. Navy, whom I had previously met in San Francisco, accompanied me on a tour of the massive building. The A.F.I.P. celebrated its Centenary in 1962. Created as the Army Medical Museum, it now incorporates the Department of Pathology for the Armed Services, the Veterans' Administration and other contributory services, the American Registry of Pathology—which co-ordinates educational and research activities of the Institute with those of civilian medical institutes—the Medical Illustrating Service and Museum. The A.F.I.P. performs a consultant pathological service for all civilian and military hospitals in the States, and also in the international field. It has the most up-to-date and complete equipment imaginable, including half a dozen electron microscopes, well-equipped research and animal operating theatres and a special department of bone and joint pathology. I purchased their published text on tumours of bones and joints for the sum of $3; this is a magnificently produced volume with beautiful colour photomicrographs and X-ray illustrations, and is the most complete work of its kind that I have ever encountered. Similar volumes on other special subjects have been produced.

During the afternoon I visited W.R.A.I.R., the Institute of Research at the Walter Reed, where I renewed my acquaintance with Major Austin Potenza. I was once again shown all departments of this remarkable Institute, and had a wonderful opportunity of seeing Major Potenza's work and specimens at first hand and of discussing the healing and revascularization of tendon grafts with him. A pleasant evening followed at Colonel Granger Reed's home, and I was able to thank him for the most efficient way in which my accommodation and travel arrangements had been organized throughout my tour. On the following day, after a brief visit to the Embassy at Washington in the morning, I left by plane for New York. A fascinating city, familiar to us all by its screen image, though perhaps not as immaculate as I had expected, the wide streets and fast-moving, well-drilled traffic were a startling comparison with London conditions where the roads look like a glimpse of the last century in comparison.

On Thursday, 26th September, I visited the U.S. Army Medical Equipment Research and Development Laboratory at Fort Totten; I met the Commanding Officer, Colonel Raymond Karpen, who, with the usual hospital hospitality, showed me round the Laboratory and took me for a most excellent Chinese luncheon afterwards. Research into the development of medical equipment is treated with typical North American efficiency. Some of it seemed rather over-elaborate to me, but perhaps this is due to the fact that we have become masters of improvisation and no longer expect...
the high standard of medical equipment that we should. Items of interest which I
saw included a lightweight field X-ray apparatus, powered by a transistorized battery
unit and a daylight film-developing process. Cardboard splints of various types have
also been developed and these have the advantage of being light to carry. The present
technique being taught with plaster slabs is, in my opinion, cumbersome and time-
consuming and far more difficult to apply to damaged limbs than anybody practising
the "twenty-four procedures" would imagine. Experiments with the folding Thomas
Splint were interesting; these incorporate an incomplete ring with a soft anterior
adjustable strap which is unsatisfactory—the use of a divided ring as in the Taunton
Splint would be well worth adopting. Much other equipment, impossible to list here,
was also shown to me.

I completed my visit to the States with a sight-seeing tour of New York and a
visit to the United Nations, arriving in time to hear a delegate from a recently inde-
pendent African State condemning British Imperialist and Colonial ambitions. Finally
the time arrived to return to London, to come home and take stock of all I had seen
and learned. I left many newly acquired and generous friends on the other side of the
Atlantic, and I hope that I may meet them again, perhaps on this side. A chance of such
a trip does not come often or to all of us and I am most grateful to the Director-
General for making it possible, and to all who organized and planned it.

ACADEMIC ACHIEVEMENTS

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