

Celebrating the pioneers in hand surgery

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'The IFSSH awards "Pioneer of Hand Surgery" status to any person who excels exceptionally, beyond what is normally expected in the field of hand surgery' IFSSH website.

During the opening ceremony of every International Federation of Societies for Surgery of the Hand (IFSSH) Congress, one of the most prestigious awards in hand surgery, the 'Pioneer in Hand Surgery' is given out to deserving individuals from all over the world. This is a significant event, not just for the awardee but also as a defining moment of inspiration for many young hand surgeons in the audience.

I recalled that moment in my own life as a young consultant. Just 7 years after my fellowship at Louisville, I was working hard to establish a Hand and Reconstructive Microsurgery centre at Coimbatore, India. In 1998, I attended my first IFSSH congress in Vancouver and witnessed the pioneer award ceremony. The event left a deep impression in me, as I was so happy to finally see, in-person, many famous hand surgeons whom I had only known in textbooks and journals. A small booklet was included in our welcome kit bag, which had listed the 'Giants in Hand Surgery', starting with surgeons from the 16th century to the pioneers honoured in Vancouver. However, I also remembered thinking to myself that within that impressive list of well-deserved names, I could not find any Indian hand surgeons who had previously been nominated. One name that jumped to mind immediately as a deserving pioneer, was my teacher Professor Venkataswami. That was probably the first time I started thinking about what it means to be a IFSSH Pioneer in Hand Surgery.

At the Congress dinner that night, I saw Guy Foucher, then Secretary General of IFSSH going round the tables. I could not restrain myself from walking up to him and asking about the nomination process for the pioneer award. In my excitement, I think I did not word my question appropriately, because Professor Foucher thought I was asking for my own inclusion in the list! He put his hand

gently on my shoulder and said, 'First, you have to become old, then you must be wise'. To an embarrassed young man, he continued explaining that the name of a pioneer must be sponsored by a member nation of good standing and the person must either be over 70 years or have passed away. Subsequently, I discovered that India was not a member of good standing since we had subscription arrears and also, Professor Venkataswami was not yet 70 years old! In time to come, India did become a member of good standing and Professor Venkataswami was honoured at the Budapest congress in 2004.

Over the years, I continued reflecting on the question: 'What makes one an IFSSH pioneer in hand surgery?' Is it the number of peer-reviewed papers they have published new techniques developed, or the institutions they have nurtured? In my humble opinion, there are many who would have done all these things, however, a pioneer is one who stands out because of the spirit in which he or she had done them, and consequently, the generations they had inspired by being such an example. It is that spirit of enthusiasm, sacrifice and commitment towards the cause of hand surgery exhibited by these men and women that the IFSSH wants to recognize in every congress. I would like to further expound on these qualities with the examples of three pioneers who have greatly inspired me.

The first is Professor Ramaswami Venkataswami, whom I have already mentioned. When he started the hand injury service at Stanley Hospital, Madras, Venkataswami realized he had a problem; although the number of hand injuries needing treatment were plentiful, getting these patients referred to his department was a challenge. Venkataswami wanted to bypass the system and reach out directly to his patients, therefore, from the gates of the hospital, he painted a thick red line that led to the hand injury department. The idea was simple but effective: anybody with a hand injury was to follow the red line to the department and as a result, more than 30 injured hands started arriving every day, some with major hand injuries but a few with abrasions and simple wounds. As a trainee, I remember telling

the Professor one day, 'Sir, although the red line idea is good, I think it is a waste of time to see the abrasions and simple wounds'. He looked me squarely in the eyes and replied, 'If you do not want to miss a single digital nerve injury, you need to see many abrasions and simple wounds'. That was a lesson of a lifetime to me. Years later, I understood that this is the stuff that pioneers are made of – the willingness to do whatever it takes to achieve their goal.

My second example is Brij Bhushan Joshi. Professor Joshi was actually the first Indian to be recognized as a pioneer by the IFSSH (Istanbul, 2001). He started his work in a public hospital meant for industrial workers, and his workload naturally consisted of many hand injuries. With no provisions for an efficient rehabilitation set up, he took it upon himself to build one from scratch. Facing severe resource constraints, he improvised with car tyre rubber, umbrella wires and rubber bands, and managed to construct very efficient splints for all his patients. When he did not find a readily available solution to a problem, he would invent one that worked. The enthusiasm of Joshi and his simple but efficient solutions to complex problems impressed Guy Pulvertaft so much when he visited India, that he in turn nudged the group of young people to form the Indian Society for Surgery of the Hand in 1973.

I want to end with my last example, whom many would consider a giant of a pioneer, Dr Paul Brand. Though I have not met him, I have heard so much about him, especially from a narration of anecdotes by his former colleague Fritchi. Going against public opinion and stigmata, Brand started treating leprosy patients at Christian Medical College, Vellore in South India. At that time, leprosy was well known as a disease that caused deformities, but why and how it did, remained an enigma. One way to investigate this unique condition was to send pathological specimens, but the chances of getting an autopsy done on a deceased leprosy patient with a willing family was almost impossible. Finally, a call came one late evening from a hospital 75 miles away, with a note that a recently deceased patient would be removed for cremation in the morning. Brand took

an old car and drove to the hospital with two of his assistants, but the car unfortunately had a leaky petrol pipe and burst into flames on the way. Fortunate to escape from a fiery fire, Brand and his assistants walked across villages and managed to find another vehicle, finally reaching the hospital at 2:30 am in the morning. Knowing that they had just a few hours, the tired little team with the help of a hurricane lantern, exposed the nerves from the fingertips across the wrists and forearm all the way to the shoulders. They were surprised by what they saw. The nerve swellings were located in similar spots on both limbs, in places close to the skin and where they crossed joints. Deep in the muscles, however, the nerves were normal. These striking observations, together with the specimens they collected, gradually led to an understanding of the aetiology of deformities caused by leprosy. To me, that relentless desire to continue to one's destination, no matter how remote, even after surviving a fiery furnace, is what makes a pioneer. Brand himself described it as 'scaling Mount Everest'.

Whether it be stories of attention to detail, innovation with scarce resources or a thirst for knowledge, I hope I have managed to share my thoughts of what it means to be a pioneer. Common to them all is a deep desire to help their patients. Behind every pioneer is a story that will stir the hearts of others. These need to be told to enthuse the younger generation, so that they would do the same for their patients, and in turn, we will all have a better world to live in. The societies of the IFSSH member nations have the responsibility to nominate such exemplary people in their midst and to honour those who show these traits. In London and in future congresses, as the pioneers walk up the podium to be recognized, let us reflect on the stories that made them what they are today. The IFSSH takes pride in celebrating the rare and precious human spirit that helps advance hand surgery through the lives of these remarkable hand surgeons.

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