

## SICOT at “80”

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Received: 31 August 2009 / Published online: 16 September 2009  
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The Société de Chirurgie Orthopédique (SICO) was not the first international surgical society but it did have an early start. A need to create the society was first proposed in 1911. The “need” arose from a desire to share, among the surgeons of many nations, contemporary clinical knowledge and new discoveries in bone and joint disorders. Letter post at the beginning of the twentieth century was the principal, but slow and unsatisfactory, method of communication. International travel was inconvenient and an unwelcome expenditure of time for committed surgeons, yet regular meetings for face to face contact were becoming increasingly important.

A 1911 letter, believed to exist in the Putti collection of the Rizzoli Institute Library, written by Robert Lovett, surgeon of Boston, is thought to contain the first proposal on an international society. An exchange of interest between Lovett, Vittorio Putti of Bologna and Hans Spitzky of Vienna, all surgeons with a special interest in orthopaedic surgery, followed.

They planned to gather in Courmayeur, Italy in the summer of 1914 to plan and promote the formation of an international society of orthopaedic surgeons. A war and the death in 1924 of Robert Lovett delayed further development for several years. Lovett had formed a strong friendship with Sir Robert Jones, who became SICO’s first Congress President. Lovett died of a heart attack at the Liverpool home of Sir Robert during a family holiday.

Several surgeons of national stature who had been informed of the proposed society wanted to maintain the worth of the idea. One in particular was Fred Albee of New York. Albee had developed a reputation for successful bone

grafting but also for brashness. He pushed hard to gather an invited list of leading surgeons to assemble in Paris on 10 October 1929 to found the society.

The year 1929 was one of transition. The speed of travel had markedly improved on land, sea and air. Some buildings reached skyscraper height. It was the time of the metropolis but also the start of the Great Depression. Nonetheless, 21 surgeons from 11 European countries and the USA answered the call to gather. Over two days they fashioned a constitution and a set of by-laws. This was no small task as there was no language common to all. Only a few spoke English, French was incomprehensible to many. Fortunately Willem Murk Jansen from Holland knew both French and English and became translator of the texts as they were debated and transcribed.

The first Congress was held in Paris during October 1930. The President was that inestimable master of orthopaedic surgery and rhetoric, Sir Robert Jones. He was a highly intelligent, gentle and literate man who had grasped the idealism of the founders. He knew what they all saw for the future of the society.

He said in his inaugural address: “...but it is an added charm to meet each other, face to face and in friendly communion to discuss problems which had been a lifelong study. This close association...helps to cement us in bonds of esteem and even affection. It is of incalculable service to the nations we represent. Science favours no language but demands of us all, its votaries, a relentless and faithful search for truth”.

In the exchange of knowledge, Sir Robert was prescient in his support for a “central bureau of information”, which should “act as a centre for collecting and distributing information on cripples in all civilised countries, which would connect nations in a common quest”.

At the third Congress at Bologna in 1936 the “T” for “traumatologie” was added to SICO.

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And so, 80 years from its start, SICOT, with the help of modern communication technology acts, as Jones foresaw, as a centre for collecting and distributing information and knowledge almost instantaneously to and from all quarters of the world. It has also been true to and fulfilled the mandate of its founders for education in the art and science of orthopaedic surgery.

The current gatherings of surgeons from 110 member nations and others beside each year are now highly organised scientific, clinical and social events. The expressions of pleasure at meeting friends speak well of the congenial bonds among the members of SICOT.

In recent years, SICOT has developed the help lines of electronic surgical consultation—the telediagnostic—transmission of radiographs from 20 centres in the world seeking expert advice on difficult clinical problems. SICOT is setting world standards of surgical competence—knowledge plus clinical skills—by offering an annual diploma examination comparable to those of exemplary institutions in highly developed countries. The two highest scoring graduates of this examination are awarded a travelling fellowship from the German Orthopaedic Association which provides a fully funded tour of the German centres of excellence. The SICOT Journal, *International Orthopaedics*, has shown steady gains in the Philadelphia-based publication reference rating. SICOT's Manual of Education Objectives is there to guide trainees along a map to the goal of full training. The Web Forum and e-Newsletter is used widely for continuous communication among members and interested non-members. It spreads the word, announcements and conversations among members. The HYPERGUIDE provides round-the-clock IT seminars, lectures, case studies and operation procedures. The SICOT Foundation helps to provide funds for travel to conferences and to work with masters of surgery in notable teaching centres. Young Surgeons Workshops provide forums for learning from invited experts but of particular importance, they allow young surgeons an opportunity to present their own research to their colleagues.

The society has developed a policy for achieving closer contact with national societies. Already combined Conferences/Meetings have been arranged with national societies in Pattaya, Gothenburg and Rio de Janeiro. Discussions have taken place for collaborative contacts with India, China and Japan. International specialty societies have been approached for collaboration in common projects, outreach programmes and combined scientific meetings. President Cody Bunger is keen to place SICOT in a leading position for evidence-based medicine which is described in the members area on the website.

An increasingly successful initiative has been the creation of Orthopaedic Education Centres. The first was opened in Lahore, Pakistan under the direction of Prof. Syed Awais in

January 2005. In December of this year a second Centre will have its official opening in Assyut, Egypt directed by Prof. Galal Zaki Said. More Centres are in the planning stage to be opened in other countries. They provide an opportunity for education, research and manual skills training. They are open to community surgeons, nurses and physiotherapists. In fact, they can bring a whole orthopaedic community together.

With the aim of supporting the successful launch of the Education Centre, the University of Würzburg has created two fellowships each year for trainees from Assyut to spend six months in Würzburg to provide inspiration for their future careers. The University will offer accommodation for them and 800 € living allowance. The Assyut University together with SICOT and the SICOT Foundation also offers six scholarships to African orthopaedic trainees to expand their training in Egypt where they are provided with expenses and living accommodation. Two of these scholarships are earmarked for trainees from Dar es Salaam where the next SICOT Education Centre is to be set up.

The SICOT Foundation welcomes funds to support fellowships and education travel grants. These many initiatives of the society will have particular relevance for young surgeons and raise the quality of patient care in many regions of the world.

SICOT has spawned a platform for science through SIROT, an international research society.

The society is attempting to appeal to all divisions of orthopaedic and trauma surgery. The broad, encompassing specialty of orthopaedic surgery is evolving inevitably into smaller anatomical areas of excellence driven by a trajectory towards the advance of supreme technology. Surgeons have been focusing on ever more limited segments of surgical care at the cost of lost versatility. However, reading the programmes of SICOT Congresses over the past 80 years reveals the clever way its Congress and Conference programme chairs have adapted to this evolution by anticipating the demands of the ever narrowing specialties, while maintaining the central, common interest of all orthopaedic surgeons. SICOT has not become an antiquated 80 year old.

The society is constantly improving its appeal to the contemporary cultural point of view, which is global. Barriers are gone and frontiers only limit national geography. Dominant languages are helping to reduce nations to villages with dialects. As Sir Robert said “science favours no language”.

SICOT, with a smart head office staff, is now designed for action, making prudent decisions for its future. It is conscious of their consequences.

I believe our founders of 80 years ago would be pleased with the professional, civil and social society they started and as they did, we look to a worthy future as we give our patients compassionate care from more knowledgeable and better trained surgeons.