



The Personal History of an Orthopedic Surgeon

- Study Experiences That Changed My Life Orthopedic and Traumatology Training in France -

KAZUO KANEKO*

*Department of Orthopedics and Motor Organ, Juntendo University Graduate School of Medicine, Tokyo, Japan

Key words: orthopedic surgery, traumatology, France, hand surgery, microsurgery

Prologue

Having been asked by Juntendo Medical Journal to share my knowledge of this issue with young orthopedic surgeons, I would like to report the status of orthopedics and traumatology in France based on my own experiences.

I have been acting as the fourth president of *la Société Franco-Japonaise d'Orthopédie* (SOFJO) since July 2015. The society was founded in 1987, with Doctor Kanji SHICHIKAWA as the first president, succeeded by Doctors Toshinobu ONOMURA and Akira KOBAYASHI, in this order. While realizing my heavy responsibility for succeeding these prominent members, I believe that I am charged with the task of passing along my medical and study experiences in France to young doctors.

I became connected to France in 1979, when Doctor Katsuo SHITOTO (currently a visiting professor), who is 6 years older than I, returned to Japan after his 2-year stay in France during my first year at the Department of Orthopedic Surgery, Juntendo University Hospital.

Learning about differences in medical consultation approaches, original surgical techniques, and lifestyle between Japan and France, I developed a

keen interest in the latter. Doctor SHITOTO also strongly recommended study in France.

Although I did not know anything at all about the situation in this country, I began to prepare for studying there after a few years. At that time, I was working at Juntendo University Izu Nagaoka Hospital (currently Juntendo University Sizuoka Hospital). I learned French through correspondence education, which was shown to be almost useless during my actual study abroad. My study in France, mainly Paris, for 3 years from May 1985 to June 1988 was one struggle after another. Now I can tell my experiences there as funny stories, but at those times I found myself in a cold sweat every day. On the other hand, I am convinced that fully experiencing clinical training has been my life's assets¹⁾⁻⁴⁾.

Facing linguistic barriers

French is undoubtedly a barrier to those in clinical training in Paris. I spent 4 months on French training before starting to work in a hospital from September. In May 1985, when I arrived in Morlaix of Brittany that is located in northwestern France at night, 48 hours had passed since I departed from Japan. I had previously designated households with

Kazuo Kaneko

Department of Orthopedics and Motor Organ, Juntendo University Graduate School of Medicine
2-1-1 Hongo, Bunkyo-ku, Tokyo 113-8421, Japan

TEL: +81-3-3813-3111 E-mail: k-kaneko@juntendo.ac.jp

351st Triannual Meeting of Juntendo Medical Society: Farewell Lectures of Retiring Professors [To be held on Sep. 30, 2020]

[Received June 22, 2020] [Accepted July 3, 2020]

Copyright © 2020 The Juntendo Medical Society. This is an open access article distributed under the terms of Creative Commons Attribution License (CC BY), which permits unrestricted use, distribution, and reproduction in any medium, provided the original source is properly credited.
doi: 10.14789/jmj.2020.66.JMJ20-R14



Figure-1 left: A townscape of Morlaix; right: My host family's house remains unchanged (I took this photo when I revisited there for the first time in 30 years)

medical doctors for my homestays in France, and all members of my first host family came to the Morlaix Station to pick me up. I never forget what I ate for dinner that night. Our dinner started with raw oysters and smoked salmon as appetizers, and the main dish was lamb leg steak (*gigot d'agneau*). I still clearly remember even the cheese we ate for finishing. Needless to say, we also enjoyed wine, which may have invigorated our conversations. So, my studies in France seemed to be successfully starting (Figure-1).

However, once language training started the next day, I realized the complete uselessness of the correspondence education I had received in Japan. Without any progress, I moved from Brittany to Nice, and took a 2-month summer language training course at the University of Nice Sophia Antipolis. Through this training, I became able to have daily conversations in French, but there were still a lot of concerns about conversations with doctors and paramedics within a hospital in Paris.

At last, in September, I moved to Paris. The owner of the apartment I rented in the 5th arrondissement of Paris was horrible; apparently intending to avoid paying tax, he forced me to pay my rent 30% higher than the regular fee in cash. Therefore, I moved to an apartment belonging to a professor of the University of Paris, at last finding myself ready for concentrating on my training^{5) 6)}.

Hip joint surgery training

1. Cementless hip replacement

In late September 1985, cementless hip replacement training started under the guidance of Doctor LORD (Figure-2), taking over this program from

Doctor Robert JUDET (Figure-3). Figure-4~6 show the various hip joint surgeries I experienced during this period. Figure-7 is a view of total hip replacement using the anterior approach and a traction bed devised by Doctor JUDET⁵⁾.

Whereas Doctor JUDET adopted the anterior approach, Doctor LORD switched to the posterior approach. I heard that this had resulted from the absence of technicians, who can use traction beds, and a clearer vision achieved with this approach. What pleased me the most was that they allowed me to perform my first surgery at 3 months after the initiation of training as a "Christmas present" for me. I really appreciate such a nice touch. During my 3-year stay in France, I experienced a total of 60 joint surgeries as a surgeon and approximately 2,500 joint surgeries as an assistant⁶⁾⁻²¹⁾. They let me assist various types of osteotomy and reimplantation, in addition to total hip replacement. I also participated in several surgeries as an assistant at Doctor LORD's private hospital the American Hospital of Paris (founded in 1910). The memory of pulling a muscle retractor with a view of the Eiffel Tower through the window in an operation room of this hospital still comes back to me (Figure-8).

I am going to tell you one of my fond memories of Doctor LORD. French people often go on strike. When they plan a strike, they certainly carry it out. Doctor LORD's hospital was located in the 19th arrondissement of Paris. It usually takes 30 minutes by Paris Metro. The distance from the 5th arrondissement of Paris, where I was staying, was about 8 km. One surgery day, a Metro strike occurred, and all Metro lines stopped on that day. As many residents lived in suburbs of Paris, it was impossible for them to access the hospital. If this



Figure-2 They allowed me to experience a large number of procedures as a surgeon during my 3-year study abroad (left: the author is in the middle; right: the author is on the left)



Figure-3 left: professor Robert JUDET and Judet-type total hip joint implant; right: Doctor Gérald LORD and Lord-type total hip joint implant

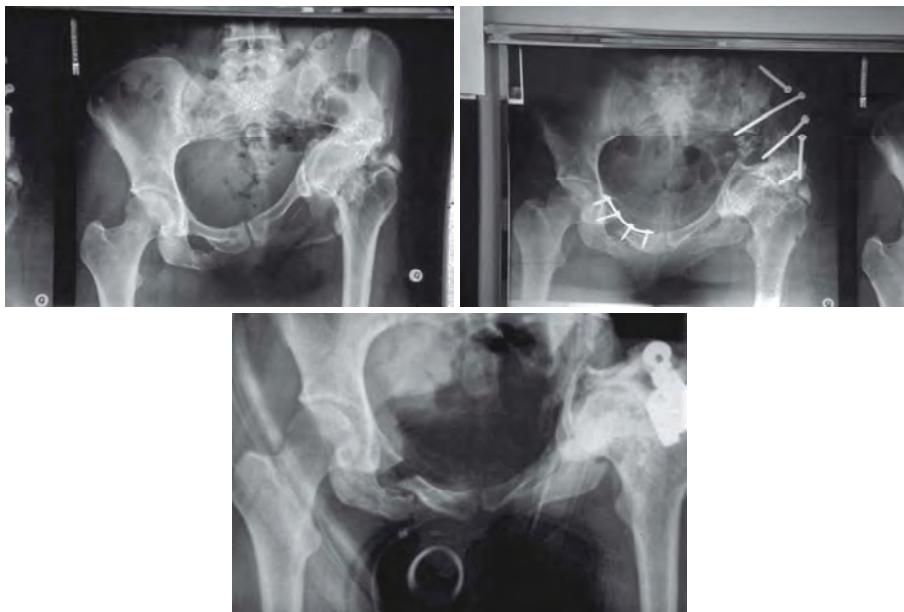


Figure-4 An obsolete case after acetabulum fracture, where the joint was not replaced by an artificial joint, but it was preserved

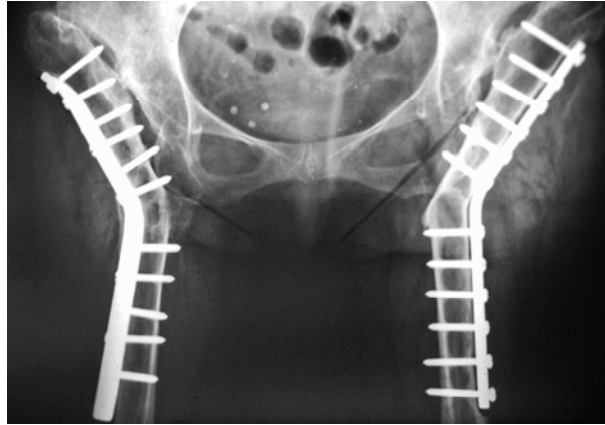


Figure-5 Schanz osteotomy in both hips for congenital dislocation of the hip

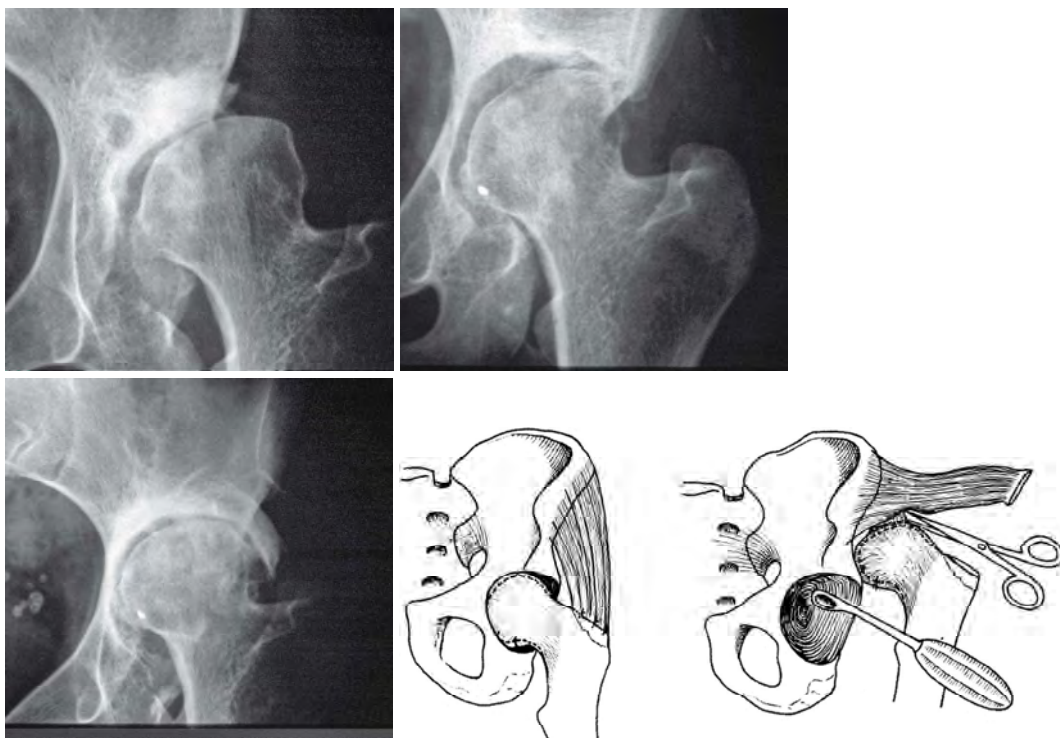


Figure-6 Colonna osteotomy for acetabular dysplasia

had happened in Japan, they would manage to somehow reach the hospital, but most residents here do not do so. Maybe because of a Japanese trait, I left home at 3 AM, walked, and arrived at the hospital at 7 AM. Doctor LORD was very pleased to see me come, and he drove me home after work. Since that time, he picked me up and drove me home whenever a strike occurred, which made me feel embarrassed. To tell the truth, I just reached the hospital, making a tour round the Bastille Square, Saint Martin Canal, Père-Lachaise Ceme-

tery, and Buttes-Chaumont Park, as planned (Figure-9).

Hand surgery training under the guidance of Doctor SAFFAR

Doctor SAFFAR (Figure-10), a hand surgery specialist, visited Doctor LORD's hospital once a week to perform surgery. He was a close friend of an emeritus professor of Juntendo University, Doctor Yasuo YAMAUCHI, and also a dedicated

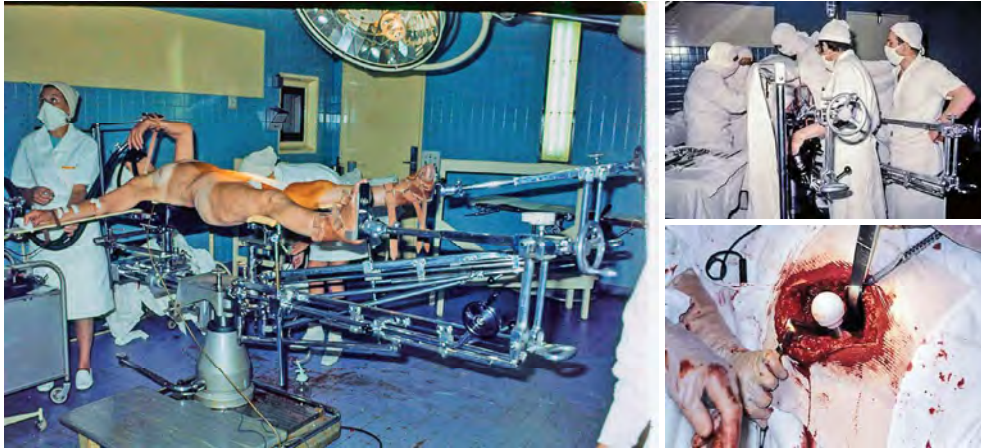


Figure-7 A traction bed developed by Doctor JUDET for the anterior approach



Figure-8 There is also a fine view of the Eiffel Tower from an operation room of the American Hospital of Paris



Figure-9 A: Bastille Square; B: Saint Martin Canal; C: Père-Lachaise Cemetery; D: Buttes-Chaumont Park



Figure-10 Doctor SAFFAR who recommended participation in training to me and trainees from other countries

Japanophile. He performed highly original surgical procedures, such as transferring the pisiform bone in necrosis of the lunate bone and shortening the capitate bone. His death in July 2015 was a great loss to the French Society for Surgery of the Hand, as he had long been the editor-in-chief for *Chir Main*²²⁾.

(A journal of hand surgery for french-speaking countries). Doctor MATHOURIN, who had participated in training with me under the guidance of Doctor SAFFAR, held a meeting of the society in 2016 as the president. Doctor MATHOURIN is scheduled to give a special lecture (on wrist arthroscopes; as the president of the European Federation for Societies of Hand Therapy in 2014) at a meeting of the Kanto Society of Orthopedics and Traumatology that will be mainly held by the author in March 2018. You are cordially invited to this event.

Having my palms full of sweat in microsurgery training

The Pierre and Marie Curie University (formerly the University of Paris VI) I belonged to comprises a research institute called *L'Ecole de Chirurgie* (the School of Surgery), annexing various facilities, such as the Cadaver Center and Microvascular Anasto-

mosis Training Center. I participated in training at this school, with a large number of other orthopedic surgeons (Figure-11). I took the *Techniques Microchirurgicales* course for about six months in 1987. At the end of the course, I performed various procedures, including rat renal allotransplantation and femoral artery bypass surgery, and passed this examination in some way. In rat renal allotransplantation, urine output from a transplanted ureter was the requirement for completing the course. I took this practical test, with my palms full of sweat (Figure-12).

Traumatology training in Strasbourg (the Grosse-Kempf interlocking nail)

GROSSE, who devised gamma nails, also developed the Grosse-Kempf interlocking nail as an innovative device for rotatory fixation and telescoping in the 1980's. The photographs show a case presented at a seminar in Strasbourg (Figure-13).

Strasbourg, a city with scenic beauty surrounded by a canal (Figure-14), had been affected by the boundary problem between France and Germany since ancient times, and the country it belonged to had changed 3 times, revealing the difficult situation of this unstable land. In 1950, the European Parliament was established in Strasbourg, representing



Figure-11 left: A frontal view of the Pierre and Marie Curie University Hospital; right: L'Ecole de Chirurgie

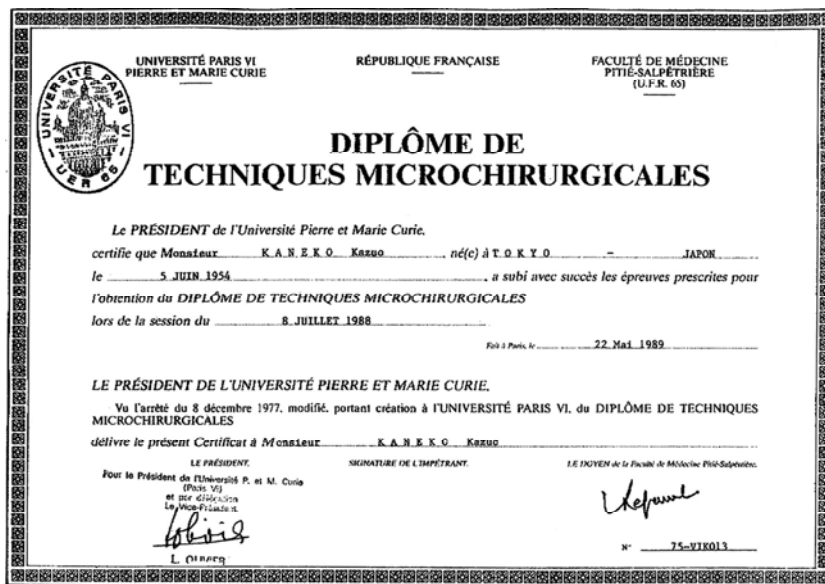


Figure-12 My diploma of the *Techniques Microchirurgicales* course

an amicable settlement between the 2 countries.

Epilogue

Through my 3-year study experiences in France more than 30 years ago, I have been blessed with good relationships with many seniors, friends, and juniors. For example, Doctor Christian DELAUNAY worked during the same period at the hospital in Paris, where I started my training. He has been appointed as the president of *la Société Française de Chirurgie Orthopédique et Traumatologie* (SOF-COT) this year. He is a surgeon specializing in the hip joint, and he had performed a large number of surgeries for a long time with Doctor Adalbert KAPANDJI at a hospital in a suburb of Paris.

Professor Philippe HERNIGOU, the French president of *la Société Franco-Japonaise*

d'Orthopédie (SOFJO), was the president of SOFCOT in 2016, and he has also been appointed as the chairman for the 39th world congress of *la Société Internationale de Chirurgie Orthopédique et de Traumatologie* (SICOT) in Montreal.

SOFJO introduces a large number of those aiming to study abroad to training facilities. Until March 2017, a total of 82 Japanese and 19 French trainees had studied in France and Japan²³⁾, respectively. If you wish to study abroad, please access the SOFJO website.

Finally, Department of Orthopaedic Surgery in Juntendo University will hold “International meeting of Dual-Mobility-Cup in Asia” in Tokyo at 2021 (Figure-15).

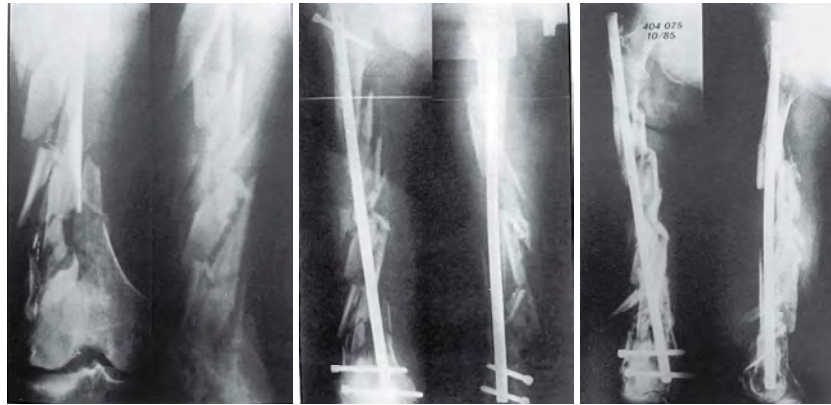


Figure-13 A case of fracture treated with the Grosse-Kempff interlocking nail and postoperative rehabilitation, including swimming (left: immediately after injury; middle: immediately after surgery; right: 1 year after surgery)

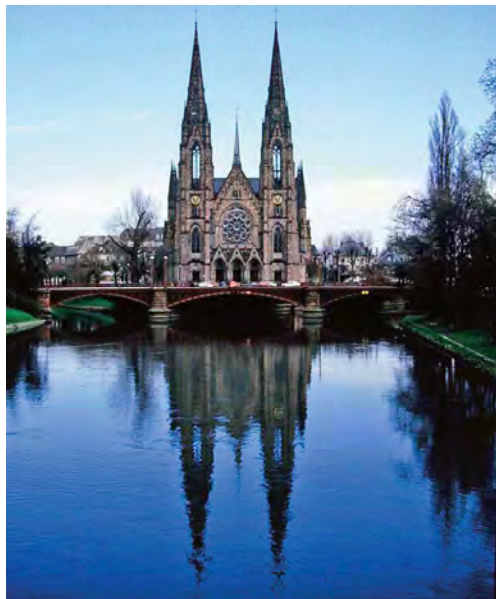


Figure-14 The St. Paul's Church of Strasbourg



Figure-15 Department of Orthopaedic Surgery in Juntendo University will hold "International meeting of Dual-Mobility-Cup in Asia" in Tokyo at 2021.

KANEKO Kazuo, M.D., Ph.D.

Professor and Chairman, Department of Orthopaedic Surgery, Juntendo University

2012

Honorary Member of French Society for Orthopaedic Surgery (SOFECOT)

2010

Professor and Chairman, Department of Orthopaedic Surgery, Juntendo University

2005

Professor, Department of Orthopaedic Surgery, Juntendo University Shizuoka Hospital

2001

Associate Professor, Department of Orthopaedic Surgery, Juntendo University Izunagaoka Hospital

1998

Assistant Professor, Department of Orthopaedic Surgery, Juntendo University Izunagaoka Hospital

1993

Director, Department of Orthopaedic Surgery

Tama-South Chiiki Hospital, Tokyo Metropolitan Health and Medical Treatment Corporation

1988

Director, Department of Orthopaedic Surgery

Minato Hospital

1985-1988

Fellow of the University of Paris VI, Paris, France

1985

Resident, Department of Orthopaedic Surgery, Juntendo University

1979

Graduated from Juntendo University, Faculty of Medicine

References

- 1) Shitoto K: [Roentgenological follow-up of Lord-type cementless total hip arthroplasty]. *Nihon Seikeigeka Gakkai Zasshi*, 1994; 68: 390-399. (in Japanese)
- 2) Maezawa K, Nozawa M, Shitoto K, Matsuda K, Yamana M, Kurosawa H: Clinical and radiographic outcome of Lord -type noncemented total hip arthroplasty in patients age 70years or older. *Eur J Orthop Surg Traumatol*, 2003; 13: 230-234.
- 3) Baba T, Shitoto K: Long-term results of cementless total hip arthroplasty using the Lord prosthesis in Japan. *European Journal of Orthopaedic Surgery & Traumatology*, 2009; 19: 163-166.
- 4) Shitoto K: Cementless Total hip arthroplasty: Lord type. *Juntendo Medical Journal*, 2013; 59: 232-235. (in Japanese)
- 5) Kaneko K: Pathogenie menisco-ligamentaire du genou chez le sportif. *Orthop Surg Traumatol (SEIKEI SAIGAIGKA)*, 1989; 32: 117-120. (in Japanese)
- 6) Kaneko K: France Seikeigeka Dayori. *Orthop Surg Traumatol (SEIKEI SAIGAIGKA)*, 1987; 30: 1505-1508. (in Japanese)
- 7) Judet R, Siguier M, Brumpt B, Judet T: A noncemented total hip prosthesis. *Clin Orthop Relat Res*, 1978; (137): 76-84.
- 8) Lord GA, Bancel M, Bancel P: Risque de corrosion dans les prothèses lisses et madrèporiques. *Rev Chir Orthop*, 1979; 65: 317-326.
- 9) Lord GA, Hardy JR, Kummer FJ: An uncemented total hip replacement: Experimental study and review of 300 madrèporique arthroplasties. *Clin Orthop Relat Res*, 1979; (141): 2-16.
- 10) Lord GA, Marotte JH, Blanchard JP, Guillaumon JL, Bancel P: Valeur de l'assise horizontale et de l'appui diaphysaire dans la répartition des contraintes du femur prothèse. *Rev Chir Orthop*, 1980; 66: 141-156. (in French)
- 11) Lord GA: Madrèporique stemmed total hip replacement: Five years' clinical experience. *J R Soc Med*, 1982; 75: 166-176.
- 12) Lord G, Marotte JH, Blanchard JP, Guillaumon JL, Goutard L: Reprise par prothèses madrèporiques sans ciment des descellements d'arthroplasties totales cimentées. *Rev Chir Orthop*, 1982; 68: 179-188. (in French)
- 13) Lord G, Bancel P: The madrèporic cementless total hip arthroplasty. new experimental data and a seven-year clinical follow-up study. *Clin Orthop Relat Res*, 1983; 176: 67-76.
- 14) Morscher EW: Cementless total hip arthroplasty. *Clin Orthop Relat Res*, 1983; (181): 76-91.
- 15) Schimmel JW, Huiskes R: Primary fit of the Lord cementless total hip. A geometric study in cadavers. *Acta Orthop Scand*, 1988; 59: 638-642.
- 16) Kaneko K, Shitoto K, Maruyama Y, Inoue Y, Iwase H, Kurosawa H: Lord-type uncemented total hip arthroplasty — its application to Japanese patients, long-term results and problems. *Eur J Orthop Surg Traumatol*, 2000; 10: 189-191.
- 17) Keisu KS, Mathiesen EB, Lindgren JU: The uncemented fully textured Lord hip prosthesis: a 10- to 15-year follow up study. *Clin Orthop Relat Res*, 2001; (382): 133-142.
- 18) Kubo T, Inoue S, Maeda T, *et al*: Cementless Lord total hip arthroplasty: cup loosening common after minimum 10-year follow-up of 103 hips. *Acta Orthop Scand*, 2001;

- 72: 585-590.
- 19) Grant P, Nordsletten L: Total hip arthroplasty with the Lord prosthesis. A long-term follow-up study. *J Bone Joint Surg Am*, 2004; 86: 2636-2641.
 - 20) Lybäck CC, Lybäck CO, Kyrö A, Kautiainen HJ, Belt EA: A long-term follow-up of 60 Lord total hip arthroplasties in rheumatic disease: a mean follow-up of 14 years. *Int Orthop*, 2006; 30: 391-394.
 - 21) Zügner R, Tranberg R, Herberts P, Romanus B, Kärrholm J: Stable fixation but unpredictable bone remodelling around the Lord stem: minimum 23-year follow-up of 66 total hip arthroplasties. *J Arthroplasty*, 2013; 28: 644-649.
 - 22) Kaneko K, Yamauchi Y, Inoue Y: Hypoplasia of bilateral humeral trochlea associated with unilateral ulnar nerve neuritis. *Ann Chir Main*, 1988; 7: 75-78. (in English, French)
 - 23) Mufarrih SH, Qureshi NQ, Marsi B, Noordin S: Outcomes of total hip arthroplasty using dualmobility cups for femoral neck fractures: a systematic review and meta-analysis. *Hip Int.* (in press)