A couple of months later I travelled with the Moynihan Surgical Club to Norway and at Bergen heard Dr Lars B. Engesaeter speak on the "National Registry for Hip prostheses—the first 12,000 patients". These patients had all been followed up and the results classified. They had used Charnley's prosthesis with mainly excellent results. 145 patients had needed revision. 99% of the prosthses were still in position. I had an opportunity of asking Dr Engesaeter what advice he gave to patients who wished to continue skiing. Without hesitation he replied that he encouraged them to do so. Skiing in Norway is mainly langlaufing but there is plenty of downhill skiing as well. I did not ask him whether he advised them to give the Holmenkollen a miss.

As a postcript to this little report both Colonel Willoughby and Dr Inskip intend to ski again in 1991 and I hope to get them together at Ellmau.

MICHAEL WILSON

PROGNOSIS BY PROPHECY
A MEMOIR OF CARL JUNG

Headache, vomiting and papilloedema, these according to Wheeler & Jack's Handbook of Medicine, were the cardinal features of cerebral tumour, but the authors quickly tired of the subject after a page or two, and not knowing what papilloedema was, so did we, clinical clerks in the early thirties fresh from the Medical School with our new stethoscopes and clean white coats. Looking back, this was the first of the triads with which teaching tended to be larded in those days, later we were to meet Charcot's nystagmus, intention, ????? and staccato speech, and the tragic presentation by children in their second year of life of progressive listlessness, vomiting and squint, fortunately never seen nowadays. Later we came to know more about cerebral tumour in the wards, but it was not until I came across a copy of the Post-Graduate Medical Magazine devoted entirely to the pathology of the condition by Dorothy Russell that one realised the essentially sinister nature of the condition, and that only the small proportion of patients lucky enough to have a meningioma had an chance of survival.

Forty years after Wheeler & Jack and perhaps two or three scores of intra-cranial tumours later, there was little more to be said about prognosis, so much so that at the time of my retirement I was able to remember the clinical details of every one of my patients who had survived, all three of them. One was easy, calcification in a parietal meningioma, the second memorable in that I failed to recognise the patient sitting outside the ward in her new wig, all within a month of her first symptom, an epileptic attack. And finally and unforgetable, the first in time way back in the early fifties. A middle-aged man, comfortably off in the Bradford wool trade, he had gradually developed a left hemiparesis and it seemed likely that he had a right-sided cerebral tumour. Our consultant neuro-surgeon agreed and explained to the patient that an exploratory operation was necessary, but only then would it be possible to say whether or not the operation would be successful. Our patient understood the difficulty but asked that he might be allowed a little time to think about it; in the meantime the operation was provisionally arranged for a day or two later. On the afternoon before, when I called to hear his decision, he told me a remarkable story. For a number of years it seemed, his business had been able to look after itself, and he had developed the habit of spending several months each year in contemplative retreat somewhere in southern France where over the years he had made the acquaintance of a number of eminent psychologists, among them Jung, yes the veritable Karl himself. And so, when operation was contemplated, he had been in touch with Jung for his assessment of the problem and advice. The immediate answer for me was that Jung would consider his friend and our patient during the coming night, then if I would ring him at a Geneva number at eight precisely on the following morning he would give me his decision. I duly rang; yes, we must go ahead, of a certainty the operation would be successful. Thus encouraged, my colleague went ahead, the tumour was of course, a meningioma and the prophecy was fulfilled.

CHRISTOPHER DAVIDSON

On the Teaching of Operative Surgery *continued from page 102*

The follow-up philosophy assumes that every surgical operation lasts for the duration of the patient's, and the surgeon's, life. Operative technique is meaningless unless correlated with the long term result. Eventually the young surgeon will be incited to publish for a variety of motives: prestige, vanity, the "numbers game", economic advancement, or peer pressure in an academic environment. The sole justification for publication is a statistically significant series of cases, followed with strictly objective assessment for a minimum period of five years, or indefinitely beyond that time, and the conviction that he has a message that will contribute to the advancement of surgery rather than to his personal practice. For role models in his literary style he can do no better than turn to the masters of the 18th and 19th centuries, when surgeons had time to write. He should endeavour to cultivate a style that is concise, informative, objective, and moreover readable. He should ever remain mindful of the aphorism that only the greatest intellects can afford to be brief.

In conclusion the potential value of video recordings in the teaching of operative surgery must be reviewed critically. For obvious reasons only brief episodes, that appeal to the surgeon, are recorded. The technically difficult and time consuming stages of the procedure are deleted. The edited version presents a quick, facile performance that may bear little relationship to reality. A trainee may be tempted to try the procedure, with disastrous results, unless he has assisted in the operating room for the entire duration of the proceedure and is fully aware of the technical problems that may be encountered. The only positive message from the video is the demonstration of adequate exposure, dictated by the camera rather than the teaching of operative surgery. Video recordings may be of more value to the fully trained surgeon who has already acquired some practical experience of the procedure and is already aware of the practical difficulties that may be encountered.