

Foreword

Everything began when Johan Bellemans, Michel Bonnin, Jacques Ménétreay and I concluded the 1999 ISAKOS Congress in Washington, to anxiously begin our ESSKA-AOSSM Travelling Fellowship. We travelled together visiting each of our host centers around the United States for almost a month, where I enjoyed every day with my three fellows in my role as the “godfather”. During the next part of our trip when guests of Peter Fowler, one of my best friends, at the University of Western Ontario in London, Canada, we met Annunziato Amendola, a young “Italian” surgeon. More recently I met Steven McDonald, a brilliant young Canadian surgeon.

Since normal locomotion is impossible without proper knee function and since numerous abnormalities can interfere with normal function, the knee joint is our most frequently operated joint in the human body. The expansion in knee treatment options and approaches introduce challenging problems to the practicing surgeon and to the orthopaedic residents in training. Most important, this knowledge provides the basis upon which an orthopaedist counsels a patient regarding the risks and benefits of every operative treatment. Actually many patients before or after the physician visit go into the internet to try to understand if the suggestions of the treating surgeon are the same suggested by the “opinion leaders”. They often get confused and frightened by the very different suggestions and proposals from different orthopaedic surgeons. These patients have high expectations for overcoming their knee complaints and ability to return to their previous activity level.

The text of this book is comprehensive and covers all surgical aspects of the knee pathology. Basic science, epidemiology, imaging and surgical techniques are clearly reported and illustrated in a didactic fashion. Despite the huge number of textbooks, journals and instructional courses dedicated to the knee, there are still enormous areas of controversies within the orthopaedic community. This is why a multicontinental team of experts have been invited to define and present their own vision and hands-on experience. The book is divided in three parts: meniscal and ligamentous injuries, patello-femoral pathology and the degenerative knee.

One lesson that can be drawn from this book is that none of us can accomplish much by ourselves and that only through cooperation in groups and across national boundaries we can achieve real progress in term of improved patient care.

For the future much remains to be improved and basic research needs to be further refined. With its comprehensive, up-to-date summary of our knowledge of the knee, this book, thanks to the organization and knowledge of the editors, will be a very valuable aid in furthering our understanding and management of the “knee patient”.

Wishing a great success to the editors, I would like to report three quotations. The first is from William Harvey (1578-1657): “I would say with Fabricius, let all reasoning be silent when experience gainsays its conclusion. The too familiar vice of the present age is to obtrude as manifest truths, mere fancies, born of conjecture and superficial reasoning, altogether unsupported by the testimony of sense.”

The second is from Robert Leach: “Enjoy the book, absorb the material so assiduously collected by the editors and use that material to the benefit of your patients”. The third quotation is from my teacher Jack C. Hughston: “To readers I would say, let the experience presented by this book speak for itself.”

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