

Editorial

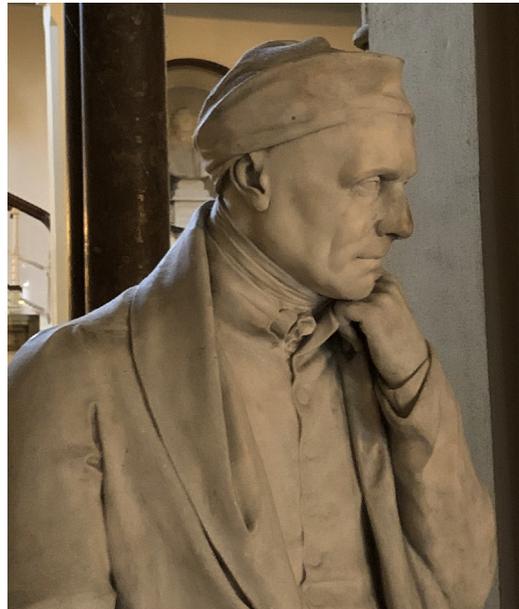
David Limb

This issue of *Orthopaedics and Trauma* cuts across the subspecialty groups of our profession and considers a matter that is important to all surgeons: infection. Of all the surgical specialties we enjoy infection rates that others can only aspire to: the general surgery literature quotes rates of 5–20% across its common operations and in orthopaedics we fret if there is a suggestion of breaking the 1–2% barrier. However, there are good reasons for this concern: implant-related infections and infections of bone are very troublesome and costly to treat and often leave the patient with a compromised outcome, if not frank disability. A recent analysis of litigation brought against four major centres in France identified surgical site infection being present in almost 80% of cases. In the UK, the NHS paid out £2.2 billion to settle negligence claims last year.

Knowledge of the basic science of infection, the principles of treatment and site-specific management are therefore fundamental to our daily practice. This is recognized by us all and explains the popularity of sessions dealing with infection at all major orthopaedic and trauma meetings. I am indebted in particular to Martin McNally at the Bone Infection Unit at Oxford, and President of the European Bone and Joint Infection Society, for his help in compiling this issue. Not only has Martin contributed personally but he has been instrumental in helping to gather a very knowledgeable group of authors.

I would like to dedicate this issue to William Hey, whose bust (pictured) welcomes me to work at the entrance to Leeds General Infirmary. He was its Senior Surgeon from 1773 to 1812 and was

the first to advocate drainage of infected bone by enlargement of sinuses and the removal of diseased bone, two of the many incremental but important steps that have brought us to the modern management espoused in the pages that follow.



William Hey. Photograph by David Limb.



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