

Foreword



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Consulting Editor

Dr. Ephraim McDowell is credited with performing the first ovariectomy in 1809, well before the time of general anesthesia, antibiotics, decades before Lister, and nearly half a century before the first American textbook of surgery, Gross' *System of Surgery* (1859), was published. The practices of general surgery and gynecology have a long history of being linked and still are in some communities. Those who have been around the practice of surgery for a little while can probably remember when the *Journal of the American College of Surgeons* was called *Surgery, Gynecology and Obstetrics*.

In much of general surgery, there has been a continued trend of hyperfractionation of scope of practice that has probably been a benefit to patients in the aggregate. However, all changes that yield benefits usually come at a cost. With the development of gynecology as a very distinct specialty and gynecologic oncology as an even more distinct subspecialty, there has been a trend for many general surgeons to be less comfortable with complex pelvic dissections. Furthermore, this trend is probably not limited to dissection in the female pelvis only.

Independent of the scope of practice of a general surgeon in the current era, or even independent of how many "specialty" colleagues one has to turn to, those of us in this discipline shall all encounter situations in which a better than fair knowledge of gynecology and obstetrics is highly desirable. Patients who develop any general surgical problem while gravid pose an obvious example. And certainly the group of patients with gynecologic malignancies is highly likely to have intestinal complications or associated

enteric involvement, either before, during, or after some oncologic therapy has been provided.

Gynecologists were well ahead of the curve in performing laparoscopic procedures, compared to general surgeons. Some of us general surgery residents received our initial training in laparoscopy or pelviscopy before laparoscopic cholecystectomy was even performed in the United States (or elsewhere), though the equipment was considerably more primitive than it is today. Many of our current trainees would find it hard to believe that in early laparoscopic procedures, the operating surgeon looked through the lens itself and no one else could see anything but the operating surgeon's head—yet, this is true. The advent of the laparoscopic cholecystectomy and the boom in videoscopic surgery volume of the late 1980s and early 1990s provided a tremendous economic incentive for surgeons and industry alike to spend substantially on research and development of the newer products that we currently enjoy along with our gynecologic colleagues.

Perhaps a less obvious reason for a general surgeon to wish to enjoy a better knowledge of pelvic anatomy is penetrating trauma—especially the kind seen in current warfare. The individual body armor worn by United States military personnel at present is highly effective at preventing thoracic and upper abdominal injuries (depending, of course, on the nature of the ballistic element and the direction of impact), but it is not as effective at reducing pelvic trauma. Other than the obvious problem of balancing mobility with protection for the combatant in a war environment, this presents a clinical problem of increased penetrating pelvic trauma as a percentage of trauma victims for the medical responders. Fortunately for me, our Guest Editor, Dr. Dietrich, was assigned to the 8th Forward Surgical Team, which was co-located with our unit in Iraq. Having a person with skills such as his is extremely helpful under those conditions, even if we performed very, very few elective gynecologic oncology procedures.

Whether you practice as a general surgeon with high levels of gynecologic support in a large center or you are the de facto gynecologist in a small community (or just plain have an interest in this topic), this issue and its contents, which Dr. Dietrich and his colleagues have prepared, should be of value to you. We are deeply indebted for his work on this project, as well as his service for our country.

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