This brief annotation summarises the particular contributions made by the annual Edinburgh International Trauma Symposium in various areas of research into aspects of orthopaedic trauma and the management of acutely injured patients, during the 25 years since its establishment.

This August will mark the 25th anniversary of the Edinburgh International Trauma Symposium. This symposium was established by Charles Court-Brown and Margaret McQueen in 1986 to provide a forum for teaching and debate, and has been organised and hosted by them annually ever since. Following this year’s anniversary meeting they will be handing over the management of this well-established fixture in the orthopaedic academic calendar to their consultant colleagues.

Orthopaedic trauma is now a well-accepted subspecialist field of orthopaedics. However, the clinical and academic landscape was very different 25 years ago. At that time few orthopaedic surgeons, if any, would have declared their main interest to be trauma. Most fracture surgery was undertaken using basic techniques and implants by unsupervised trainees, who were only too glad to divest themselves of that clinical workload once appointed to their substantive posts. Much fracture surgery was performed out of hours, often with poor results. Non-operative treatment was undertaken for many fractures now routinely treated operatively. Thus, most femoral fractures were still treated non-operatively in traction and many patients with complex pelvic and acetabular fractures were also treated conservatively.

In Edinburgh a tradition of subspecialisation within the field of orthopaedics was pioneered by Professor J. I. P. James in the 1960s. This bore fruit and quickly resulted in Edinburgh becoming a leading international centre in many fields in orthopaedic surgery, particularly hand surgery, spinal deformity, paediatric orthopaedics and arthroplasty. Trauma was not deemed suitable for similar subspecialisation and until the mid-1980s trauma continued to be managed according to a model similar to other centres in the United Kingdom, where most patients with musculoskeletal injuries were treated by surgeons whose main clinical and academic interests related to their elective practice.

However, at about that time, three enthusiastic surgeons declared an interest in orthopaedic trauma: James Christie, Charles Court-Brown and Margaret McQueen. There followed rapid changes in the way trauma was managed, with centralisation of trauma services on one site at the Royal Infirmary, morning meetings every day to review all cases of trauma admitted, dedicated trauma lists and the establishment of a trauma database to record all cases. The early years were characterised by a struggle for resources to support the unit and to gain acceptance for the notion that trauma was sufficiently important as a subspecialty to warrant dedication of consultant time exclusively to it.

The change in clinical management was allied to strong academic leadership and the trauma unit established a reputation for clinical and basic scientific research. It was an exciting time with many innovations. The combination of a nucleus of dedicated trauma surgeons in a busy unit enabled many influential studies to be carried out. In the past 25 years the unit has contributed to many aspects of trauma care and almost all sites of injury. Particularly notable in the early years were studies on use of reamed nails for open and closed tibial and femoral fractures, the development of protocols for monitoring compartment pressures and trials on the management of distal radial fractures, all of which contributed to changes in clinical practice.

The unit is now staffed by eight orthopaedic surgeons who consider trauma to be their main clinical interest and who continue to publish regularly.
We would not claim that the Edinburgh model for managing trauma is the only way of organising the service, but it has many advantages. The concentration of a sufficiently large trauma workload on one site compels the local administrators of healthcare to provide adequate operating time and equipment to deal with the workload. Trauma surgery can be undertaken for the most part on scheduled urgent lists which greatly facilitates the training of surgeons who wish to develop this area as their main subspecialist interest. The large volume of work allows surgeons to develop skills in the management of a wide variety of complex fractures. Trainees in the unit can expect rapidly to enhance their expertise in the management of fractures, and benefit from a strong academic bias. The concentration of trauma on one site has economic benefits; one set of consultants and trainees can provide care without the need to deploy and duplicate scarce resources elsewhere. Lastly and most importantly, the patients benefit from being treated in a dedicated, well-equipped unit by committed trauma surgeons.

The Trauma Symposium was established to bring these strands of clinical and academic expertise together in a meeting that, on a continuing basis, would examine and demonstrate the best in contemporary trauma surgery and research. It was, and still is, aimed at senior trainees and consultants with a trauma practice, and was born in an era when such dedicated meetings were rare. It was initially held in the Princess Margaret Rose Orthopaedic Hospital but it soon became evident that the popularity of the meeting necessitated a larger venue, and over the years it has been held at a number of progressively larger sites including a university campus. Most recently it has been held in one of the city-centre conference hotels, allowing delegates also to sample the colourful and frenetic activity of the Edinburgh cultural and fringe festivals which are held during August. The Symposium now combines an instructional course aimed at trainees running parallel to a clinical research meeting that remains a forum for the presentation of recent research with debate and discussion on the current practice of all aspects of trauma. Over the years it has played host to many national and international authorities across all fields of trauma, with Drs Tile, Grosse, Burgess, Winquist, and Jupiter amongst the keynote international speakers over the past decade. It has been the venue for many outstanding lectures and some hotly contested debates, and it is always entertaining and educational.

The establishment of the Edinburgh Trauma Unit allowed Charles Court-Brown and Margaret McQueen to develop their clinical and academic passion for the treatment of the injured, and has benefited generations of patients and trainees in Edinburgh. Through the International Trauma Symposium, this enthusiasm and knowledge has been communicated around the country and the world resulting in significant contributions to orthopaedic trauma surgery of which these two pioneers can be justly proud.