**Welcome to the**

**Dear Foundation Doctors**

This month we are focusing on Urology.

We have two promising lectures with remarkable Urologists.

We are resuming our surgical skills workshops and we invite you to join us for an evening plenty of fun and hands-on practice.

We will have a senior trainee to share useful tips that will prove very useful once you are actually in theatre!

Yours sincerely,

The Oxford Foundation Surgical Society Team

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**Case of the month**

“*Intrathoracic migration of an unbent Steinmann pin*”


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**MRCS lecture series**

5th Feb: Urology

Stones, tumours, testicular lumps, testicular torsion, orchidectomy, circumcision, vasectomy & hydrocoele repair, suprapubic catheterization

19th Feb: Colorectal Surgery

Appendicitis + appendicectomy, anorectal abscesses, fistulas + I&D, haemorrhoids + haemorrhoidectomy

**Consultant lecture**

12th Feb: Urology

A firm overview of Urology with MRCS applicable knowledge

**Surgical Skills Workshop**

26th Feb: Basic surgical skills (TBC)

Lectures take place in the George Pickering Education Centre in the JRH, at 6 pm.
The Ominous Eponyms

John Hunter (1728–1793)

Hunter was born in a small farm in Scotland. He was a poor student and he dropped out of school at the age of thirteen. In 1748, he joined his brother in London and was given the task to prepare anatomical dissections and due to his amazing aptitude for the anatomical sciences, he was able to instruct his brother’s students in anatomy within a year. Along with his dissection work, John studied surgery and in 1754 he became a house surgeon at St. George’s Hospital, where he received most of his practical training.

Hunter was endlessly curious and for four years, he spent countless hours on making thousands of anatomical preparations. Seeking fresh air to cure his tuberculosis, Hunter secured a commission as a military surgeon. After two years, he returned to London, where he opened his own anatomy school and commenced private practice of surgery. Hunter was later elected fellow of the Royal Society and became surgeon at St. George’s Hospital.

Like most of the great surgeons of the past, Hunter stands out because of the volume of his writings and the quality of his research. Considered a dexterous surgeon, he was primarily interested in the pathophysiology of surgical disease. He published important books on dental anatomy and pathology, bleeding and surgical shock, blood coagulation, clots, phlebitis, intussusception, tissue transplants, sexually transmitted diseases, wounds, aneurysms, the structure of the placenta, the heat production and the mechanism of hibernation in animals. Hunter’s research on the surgical pathology of the vascular system remains his most significant work. He was the first to demonstrate collateral circulation and use that knowledge to ligate an artery to cure a popliteal aneurysm.

Hunter was recognized for being the leading teacher of surgery of his time as for his difficult temper. He died after suffering a fit during an argument at St George’s Hospital over the acceptance of students for training.

The founder of ‘scientific surgery’

John Hunter is considered to be one of the most influential surgeons of all times, since he extended the horizons of surgery, medicine and science. Because of Hunter, surgery received appreciation as a branch of scientific medicine, firmly backed by physiology and pathology.

Hunter is known for having made surgeons into gentlemen, finalising their elevation from artisans into scientists. What is not known is that Hunter gave an extraordinary contribution to the field of Urology and his research led to the development of this specialty as a separate branch of Surgery.

His work in Urology included various urological disorders such as hydrocoele, urolithiasis, urogenital fistulas, bladder infections, gonococcal urethritis, syphilis, treatment of periurethral gland infections and urethral strictures.

John Hunter described the characteristics of the urine in many conditions (tumours, stones, bladder ulcers and infections) with an impressive accuracy. Hunter, as a surgeon, was also an expert in the practice of lithotomies (removal of bladder stones).

Another important contribution of Hunter was in the field of prostate abnormalities. In 1788, Hunter noted the obstruction caused by lateral-lobe and middle-lobe prostate hyperplasia, but his work remained forgotten for a long time. He was also the first to provide convincing evidence that prostate is an androgen-dependent organ and to describe the original position of the testes in the foetus and their migration into the scrotum, the gubernaculae testis and the congenital hernias.

Do you have any suggestions?

E-mail us: oxfordsurgeonsociety@gmail.com

http://www.ouh.nhs.uk/education-centres/training/ofss/default.aspx