Coming full circle the high-tech way

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Time was when Dr. Jones knew how to take care of all our medical needs and everything he required was in that black bag he brought with him when he made a house call.¹ Then things began to get complicated as we learned more and more, and the information eventually became unmanageable for the family physician to handle alone. Technology exploded and provided enormous quantities of data that led to new, newer and newest treatment and surgical methodologies that were unimaginable generations ago—and, we are told, this is just the beginning! The saying goes that “there is no free lunch” and how true that is. In order to live longer and healthier lives and enjoy the best possible quality of life, we essentially traded off the comfort of trusting our body and soul to Dr. Jones and cut ourselves up into all the parts of which we are made and distributed them to *specialists*. Some may call this “progress”, but this divisional approach is unacceptable in our specialty: we are devoted to providing comprehensive care to the whole child and to do so throughout the critical years of growth and development, from birth to achievement of maturity. This requires the synthesis and not the fragmentation of knowledge from all the fields of medicine which influence the musculoskeletal and locomotion system throughout the years.

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One glance at the list of thousands of medical publications will confirm how complicated things have become, yet we do need to know—not only to keep up with ongoing progress, but to keep in step with our patients who themselves are keeping pace with state-of-the-art medicine via the media and the Internet. In contrast, there are many regions of the world which are not part of this exchange of information: this means that huge populations are not benefiting from the development of new technologies and, in this era of global telecommunication, such a situation is insupportable.

The first purpose of this new journal is to make sense of the overwhelming quantity of information that relentlessly to fill the printed page and the computer screen. We start with the contention that it is possible to streamline the presentation of information by careful selection of the material. For this purpose, you will be reading what our Editorial Board and our expert reviewers have judged as being important. The material will be tailored for our readership of clinicians as well as researchers, so that you will be able to choose among what is new in the clinical setting and what our colleagues are exploring in the labs. We will make every effort to avoid the esoteric, and we will wait for ephemeral ideas to prove themselves before we publish them. We will cover all the specialities of paediatric orthopaedics and welcome papers that include evidence-based and outcome studies on subjects that have direct impact on them, such as genetics, nutrition and rehabilitation, of which there are all too few. Our orientation will be on the “bottom line” since we appreciate

¹ **house call**, *n.* A professional visit made to a home, especially by a physician.

ciate that your busy schedules leave you little time to read, but we are determined not to compromise the vision of the Editorial Board: to regard the limb as being part of the child and the child as having the right to be treated as best we can and always with compassion.

The second goal of this journal is to reject geography as an excuse for non-delivery of information. Its contents will be distributed wherever there are Internet connections. Our global readership will make it possible to recruit centers for cooperative studies and to call for cases from a pool of literally millions of patients. We will also accept manuscripts from all over the world, even if the topics might appear to be pertinent to a remote geographic area.

Emphasis will be placed on providing this mine of essential information in a manner that will be affordable and readable: our purpose is to get what you need to know to as many of you as possible in a manner as interesting and clearly stated as possible. Our low costs for both the electronic and printed versions will make our journal more affordable to a wider readership. Moreover, we will make every effort to ensure that the delay to publication will be short in respect for the authors who are keen to see their efforts in print.

We believe that the introduction of this journal marks our passage to truly global medicine via cutting-edge technology. This publication is meant to serve you, its reader, and we on the Editorial Board urge you to provide us with your feedback so that it will be a highly relevant, reliable, interesting and easily accessible source of the information you seek. The Journal of Children's Orthopaedics, which is the official publication of the European Paediatric Orthopaedic Society (EPOS), has signed affiliation agreements with the Pediatric Orthopaedic Society of North America (POSNA), La Sociedad Latino Americana de Ortopedia y Traumatología Infantil (SLAOTI), and the Paediatric Section of the Asia Pacific Orthopaedic Association (APOA). This all-encompassing association will enable global readership and the opportunity for continuous dialogue in the paediatric orthopaedic community, as reflected by the international character of its editorial members and associate editors, who literally come from the four corners of the world.

We are very proud to have been appointed by the EPOS Board as the first Editors-in-Chief of this exciting publication, and we hope to be worthy of the trust shown in us to meet the challenge of maintaining the high standards that were set from its inception.