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The current attitude of juniors is to get straight onto a basic surgical training, with a reluctance to take time out to demonstrate as they no longer see it as ‘necessary’. I believe, we should not be thinking along those lines and winding down demonstrating positions, we should be encouraging surgeons to learn anatomy firsthand and to teach it to those whom will benefit from our enthusiasm.

I strongly believe that there should be more demonstrator positions available and that it should be encouraged at an early stage in training.

This time should be set aside for two reasons: firstly, for our own personal learning and development, and secondly, to teach the junior doctors of the future.

There are clear advantages to basic surgical trainees who demonstrate. One is more likely to obtain detailed and long-lived anatomical knowledge from a demonstrating post than simply by reading books before an examination. Similarly, the learning is likely to be more systematic and comprehensive than from surgical exposure alone. Moreover, as a practising surgeon, it is important to be familiar with common variations in anatomy, and to be able to cope with operating in anatomical territories outside one’s immediate area of expertise. A great deal of time dissecting cadavers, discovering tissue planes and learning anatomically three dimensionally is the perfect method of gaining this familiarity. In addition, a certain degree of manual dexterity can be perfected during the many hours with surgical instruments, giving time to perfect sharp and blunt dissections alike in a relatively stress-free environment.

There are advantages to medical and dental students being taught by demonstrators with recent clinical training, who can emphasise the relevance of surgical anatomy.

We propose that demonstrating should be encouraged at an early stage in training, and that a six-month post should be viewed as an integral, though not necessarily compulsory component of basic surgical training.

It can be false economy (chronologically) to secure a basic surgical training post immediately following house officer posts, as the subsequent transition to a research or higher surgical training post is often not immediate upon completion of the minimum twenty-four months clinical training. Anatomy demonstrating, in addition to the advantages outlined above, provides the opportunity to undertake small research projects or anatomical studies which improves one’s curriculum vitae in preparation for applying to these later posts.

Too many individuals see surgical training as a sprint, perhaps it is better to perceive it as a steeplechase.

The Qualities of a Surgeon

Thomas Vicary (1490–1562)

The Qualities of a Surgeon

I. S. Whitaker MA, MB, BChir, Cantab

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The Qualities of a Surgeon

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The Qualities of a Surgeon

The Qualities of a Surgeon

C. N. Penfold

C. J. Lloyd

Refer to Cochrane et al. 1999, which demonstrated a low complication rate and commend the technique in a variety of clinical settings.


Placement of gastrostomy tubes by maxillofacial surgeons routinely insert gastrostomy tubes with no division of the gastrointestinal tract. This is an accepted practice in a variety of clinical settings.

The use of gastrostomy tubes by maxillofacial surgeons avoids a separate procedure and the cardiopulmonary complications that may occur if tube placement is undertaken with intravenous sedation.1 We have demonstrated a low complication rate and commend the technique to any maxillofacial surgeon who is able to perform upper gastrointestinal tract endoscopy.

In the absence of specific symptoms there is no evidence to support upper gastrointestinal tract endoscopy in patients with laryngeal cancer. We only carry out endoscopy at the time of gastrostomy tube placement and not as a screening procedure for all patients. In our cohort of patients, we diagnosed two benign polyps and three cases of late findings are unlikely to be of any significance and we do not recommend prophylactic H2 receptor antagonists for all patients undergoing gastrostomy tube placement.

We understand their concerns but believe them to be unfounded.

Dear Professor Mark McGurk,

Re: To Demonstrate or Not to Demonstrate

Yours sincerely,

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