

Proper use of history

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History is a very powerful tool. It can be used to teach invaluable lessons learned through arduous experience, and it can be used to confer glory. In these roles, history has helped advance human development—but it has also been rewritten to promote persons and perspectives for a plethora of purposes (1).

In this issue of the *Journal of Visualized Surgery*, Mineo and Ambrogi have produced a fine review detailing the birth and growth of Uniportal Video Assisted Thoracic Surgery (Uniportal VATS) (2)—certainly the most exciting development in thoracic surgical technique in recent years. It is a thoroughly referenced article which followers of VATS will find intriguing. It also serves as a reminder that in medical writing, a review article is actually a documentation of history told through the personal perspective of the authors. A review can correspondingly be used as a potent device for peer education, but also to narrate events according to the agenda of those writing it.

On the positive side, when studying a surgical technique, a thorough understanding of its history is extremely useful. Regarding Uniportal VATS, it is important to realize that this began as a modification of conventional multi-port VATS (3). Since its conception in the 1990s, surgeons gradually understood the limitations of the latter and sought to overcome them through a constant of evolution of technique (4). A study of the history of Uniportal VATS gives the reader an appreciation of why certain features were eventually developed and this in turn allows those leaning the Uniportal approach to more readily grasp the key steps (5). For example, the slightly anterior port placement for a Uniportal lobectomy is based on the anatomical lessons learnt from the days of multiportal

lobectomy. The advice to keep the camera at the posterior part of the wound is based on an appreciation of the different ergonomics felt when the pioneers moved from a conventional ‘baseball diamond’ strategy in 3-port VATS to the Uniportal approach. Even the outcome measures used to evaluate Uniportal VATS are derived from those used for multiportal VATS, and history shows why those outcome measures were established (6). In the review by Matteo and Ambrogi, a detailed chronology of the steps along the path to modern Uniportal VATS practice is presented, allowing readers to see in context where the technique came from and where it is going towards.

However, although it is useful to appreciate *why* certain steps were taken in history, it is less important to know *who* those certain steps were taken by. Although the Wright brothers were the first to fly, it can be argued that Glenn Curtiss was the first to develop the modern aeroplane as we know it today (7). It may be personally important for the descendants of the Wright brothers to claim the glory of being the first in history, but to the millions who travel by air today, does it really matter which name is attached to the first attempts of yesteryear? With a technique as popular as Uniportal VATS, it is not surprising that many would want their names recorded in history as being the ‘first’. Even Anthony Yim and I have a spurious claim to being the ‘first’, having routinely practiced ‘coaxial’ VATS biopsies through a single port since the late 1990s in Hong Kong (8)! But who am I to make such a fantastically pointless claim? Wasn’t the mythical Jacobus already doing something similar over a century ago (9)? It is churlish—and perhaps unbecoming of professional clinicians—to argue who was the ‘first’ to use a certain technique, and who then used it ‘after’. We as

surgeons should not be hunting after glory through history. Ultimately, our patients do not really care. Their prime concern is that good surgical technique has been made available through history, and that it is performed well today.

As surgeons, let us use history for the good of patients, and not for personal credit. Let us learn well the lessons that history has taught us. And let us not fuss over revisionist history to lionize one individual or another. Surgeons should be happiest when patients are living life well years after surgery, and long after everyone has forgotten their surgeon's names.

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Footnote

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