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- Richard Hoffer

The free exchange of ideas is never free. As payment for his education in the strange science of arthroscopic surgery, Dr. Robert Jackson had to teach English to Dr. Masaki Watanabe. Twice a week Jackson would show up at the old man's clinic in Tokyo and, over plates of fried eel and rice, go through the conjugations. That was 30 years ago, and even then Jackson suspected he was getting the better deal; anybody might teach English to Watanabe, but only Watanabe, however neglected he was at the time, could revolutionize sports medicine.

Sports medicine? In those days the only practical application of arthroscopic surgery—the insertion of a tubal telescopic lens through a quarter-inch opening that allows damage to be surveyed before and during its eventual repair—was to correct arthritic conditions in Japan's senior citizens so that they might be better able to kneel and squat, important motions in their society. Even so, Watanabe's treatment, which he had learned from his teacher in the 1930s, was largely ignored among his countrymen. When it came to treatment of the knee, the popular thinking was that it was stupid to "look through a keyhole" when you could "open the door"—lay the entire knee bare and really go to work.

Jackson, then 32, had arrived in Tokyo for the 1964 Summer Games as a physician for the Canadian Olympic team. He knew something of knee injuries, mostly that having one would cost an athlete a year of rehabilitation, minimum. More often than not, torn cartilage, which at the time could be fixed only through a large incision, was a career-ending injury. Even worse, those athletes requiring such incisions were often left with more than zipper scars as a reminder of their operations; many were permanently hobbled by the arthritic condition that remained.

But here was this old Japanese fellow, poking into knees, clearing out cartilage and smoothing joint surfaces with hardly any trauma to the knee itself. He explored the joint, then repaired exactly what needed fixing. "It was amazing," says Jackson, who is now the chief of orthopedic surgery at Baylor University Medical Center in Dallas. "There was no guesswork."

Jackson's particular genius was to recognize a wider application for the procedure than Watanabe ever did. Jackson returned home to his new position as team doctor for the Toronto Argonauts of the Canadian Football League. In 1967 he performed the first arthroscopic procedure on an Argonaut. But acceptance of the procedure was slow in coming. "We could only teach it one-on-one," says Jackson. "There were no visual aids, no videos, nothing." It was, after all, a very small hole to peer into. But results begot attention. "Slowly it began to snowball," says Jackson. "We'd start to get a few athletes,

athletes with smart business managers or athletes who'd already been cut and not gotten better." A Bobby Orr here, a Willis Reed there—word got out as these celebrity athletes underwent this comparatively minor procedure and then quickly returned to action.

In the mid-1970s the development of fiber optics made arthroscopy much easier to perform, and by 1980 the surgery based on it—whether with the insertion of a small scissors, forceps or rotor blades—was a mainstream procedure. But Jackson can remember that for some time his Japanese import was known by a wholly unscientific-sounding term. "Even as late as 1978, I'd get calls about this 'needle with an eye' operation."

These days the patients become more famous for the surgery than their doctors. Whether it is marathon runner Joan Benoit qualifying for the 1984 Olympics just 17 days after her knee surgery or gymnast Mary Lou Retton remounting the balance beam for the '84 Olympics just days after hers, or any of today's professional athletes who are back in the game soon after injuries that once would have ended their careers, the miracle of arthroscopy is so commonly reported that it's now hard to recall when it was not available. Jackson did not invent the procedure and has not been the only surgeon to popularize or improve the operation. Others have written important papers on the subject; others have developed additional pioneering skills. But somebody had to go to Japan and recognize modern medicine in the hands of an ancient doctor. It was the beginning of a trade deficit that, medically speaking, may never be corrected.