It was nearly forty years ago
That I first began to know,
What the potential of the CO2 laser would be,
As a thermal scalpel for surgery.
The beam, being water absorbable and infra red,
When focused on biological tissue, would not burn but vaporize instead.
This was shown to be the case,
And appropriate experiments then took place.
It was found that one could make an incision
With the utmost of precision,
Without harming the residual tissue,
So that healing was not an issue.
It was also soon revealed,
That vessels were simultaneously sealed,
Making surgery haemostatic,
And, through non contact, less traumatic.
So, a suitable apparatus was then produced,
And the laser in clinical surgery was introduced.
One then found again and again,
The vast reduction in post operative pain.
And, since blood and lymphatic vessels are occluded,
Surgery through infected tissue is not excluded.
With a focused beam one can incise,
And, with a defocused one vaporize.
After a time, it received an outstanding reception,
And is now used in every surgical field without exception.
But its universal acceptance as a surgical knife,
Resulted in less and less publications coming to life.
So that, only when a specific application was noted,
Articles, and papers at congresses, to it, were devoted.
Good examples of this are the treatment of wrinkles and snoring,
So much having been said about them as to become absolutely boring.
All sorts of gadgets were then introduced,
Claiming that with them, operative risk was reduced.
And on their use people then insisted,
So that surgical skill no longer existed.
To those who happened to be trained by me,
How to use the laser like a scalpel, I tried to make them see.
And, I wish to appeal to those of you
Who happen to be teachers, to do so too,
Because, a good surgeon should develop a good technique,
And not rely on gadgets like a freak.
And finally, my friends, if sanctimonious I appear,
Put it down to my age, and with me try to bear.

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