

Last of all, we agree with Prof Caínzos' comments on prophylaxis in elective cholecystectomy, his reference to Fry's views on mechanical preparation of the colon combined with oral antibiotics, and those of Malangoni or Miranda et al. about the surgeon's responsibility for antibiotic prophylaxis, which coincide with what is recommended in the consensus document.

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## Reply to: Taurine surgery in the 21st century from glory to contempt<sup>☆</sup>



### Respuesta a: «Cirugía taurina en el siglo XXI. De la gloria al desprecio»

To the Editor:

I would like to congratulate Dr. Ríos for the article from January 2021 that provides an overview of bullfighting surgery. I would also like to emphasize some points mentioned in the article on the problem of bullfighting surgery in Spain, which we also share in Mexico: 1) Loss of social prestige — not only is there anti-

bullfighting activity in Spain, but also in Latin American countries with bullfighting traditions, including Mexico; 2) Poorly paid professional activity — it is worth remembering the words of Máximo G<sup>a</sup> de la Torre: "Being a doctor for bullfighters was never financially profitable, but it is an honor." In Mexico, bullring doctors have become doctors who do triage and

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stabilize patients; since 1993, the injured have been transferred to hospitals for definitive treatment. This is probably the reason why the wages are low. In other words, bullring doctors in Mexico do not live off bullfighting — they attend these events out of interest, respect for the bullfighter, and passion for the *fiesta*; 3) *Abandonment by professional and academic institutions* — on this point, I differ a bit with Dr. Ríos since the Spanish Society of *Taurina* Surgery has existed in Spain since February 28, 1976,<sup>1</sup> with 314 members to date, while the Mexican Chapter of the International Society of *Taurina* Surgery has existed since December 17, 1974, with 182 members; 4) *Lack of a body of doctrine* — in Mexico, the doctors present at the bullring are a group of specialists from different disciplines and members of the Mexican Chapter of the International Society of *Taurina* Surgery, which holds national congresses every year and international conferences every 2 years in America or Europe. Their training includes one or more of the following courses: Comprehensive Management of Injuries in Bullfighting Events (MILETOS), Urgent Management in the Bullring (MUR) and/or Prehospital Care in Polytrauma Patients from Bullfighting Events,<sup>2</sup> as well as years of experience in the management of patients injured by bulls at bullrings. With the above, these doctors have been trained as specialists in bullfighting-related trauma and surgery. However, there is certainly a lack of a doctrine to certify the adequate training of medical personnel who treat patients with bull-related injuries.

As for the bull-related festivities outside the bullrings in Mexico, hundreds take place per year. Reported figures from articles show that, per year, on average 10 people are injured due to bull events held outside bullrings, with a mortality rate of 10 per 1000 injured persons.<sup>3-6</sup> When we compare this figure with Miñano's thesis, which reviewed 971 injuries in bullrings and reported a mortality rate of 2.9 per 1000 persons injured,<sup>7</sup> this merits attention. However, when reviewing a study carried out in the United States of America about injuries caused by bulls outside of bull-related events, I found that 12 000 cases were reported in 3 years, with a mortality of 57% in an analysis of 267 injured people,<sup>8</sup> which sounds alarming. Therefore, beyond bullfighting festivities, all doctors should have solid preparation in the surgery of bull-related trauma injuries.

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## Reply to editor letter<sup>☆</sup>

### Respuesta a carta al director

Dear Editor,

I would like to thank Dr. Ayala<sup>1</sup> for his comments. I should point out that the article<sup>2</sup> tries to give an overview of the

complex current problems of bullfighting-related surgery in Spain, but it is impossible to address all its facets in depth. Furthermore, this situation is not specific to Spain, as it also affects the three European (Spain, France and Portugal) and five Latin American (Mexico, Venezuela, Colombia, Peru and

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