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We certainly stand on an important threshold as we move into the 21st century. It may be fortuitous that laparoscopy exploded onto the general surgical scene with such great force at the beginning of this decade. The tremendous commercial competition that it engendered has tapped the inventive genius of the medical-engineering world. Surgeons are finally getting some of the instrumentation and equipment that they sorely needed and had requested for, for years. Laparoscopy is not new, Palmer in the 1940s and Semm, Manhes, and Bruhat in the 1960s and 1970s deserve recognition and homage for the great centers of excellence that they developed during those years, in which 80% of the gynaecologic surgery was performed laparoscopically. Urologists, orthopedists, and thoracic surgeons did not completely abandon endoscopic surgery, yet these disciplines have not seen the explosion of inventive attention that abdominal surgery has generated. Some of this may be because of the broad nature of abdominal surgery but more likely, laparoscopy was an idea whose time had truly come technologically. With the world of fiberoptics, microelectronics, and computerization all coming of age during the past decade, the timing may have been perfect for a laparoscopic revolution. Certainly the rapidity with which all of these techniques have been so universally adopted could not have been predicted.

The next important area for development may be the human-computer interface systems, which will greatly expand the sense of being able to perform laparoscopic surgery with the same tactile sense as open surgery. This will take significant investment and research but would represent a meshing of technologic advances that has unlimited potential. At least for today’s surgeon the sky is the limit for creative enterprise, so let us seize the moment and move our specialties forward in a way and on a scale that may not happen again for many generations.