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SIR HAROLD GILLIES AND HIS EXTRAORDINARY LEGACY

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Past President, Association of Plastic Surgeons of India

Mr. President, Members of the Association of Plastic Surgeons of India, Ladies and Gentlemen,

It is indeed an honour to be asked to give this prestigious oration. Every Plastic Surgeon hopes that he or she is given an opportunity to pay tribute to the man who was not only one of the greatest plastic surgeons of this century but one whose work and teachings have had a profound effect on the lives of many people and whose influence continues to spread as those who were trained under him, now pass on his extraordinary legacy to trainees in every part of the world.

Though I never met Sir Harold Gillies (Fig.1) I feel as if I knew him personally, an illusion strongly reinforced by the fact that I was singularly lucky to have worked closely with those who did and who had imbibed the principles that he had so clearly defined. And all were emphatic that working with Gillies was an unforgettable experience; that he was a man of vision who put plastic surgery firmly on the world map; whose skills were legendary as was his sense of humour and his humanity.

(Fig-1) Sir Harold Gillies

However, because of the lapse of time and man's forgetfulness, the memory of Sir Harold has dimmed and although the impact of his teachings and his work has been tremendous, I have the uncomfortable feeling that to many who are in this hall today, Sir Harold Gillies is only a name and it seems to me that it is time to bring this great man alive again. For this purpose I have unashamedly drawn on books, articles, lectures and letters. And what better way to demonstrate his greatness than by showing you slides of his patients. For them I owe a great debt to Dr. Noshir Antia who allowed me to choose from a veritable hoard of precious slides.

The young Harold is described by his biographer Reginald Pound thus : "His physique was slight, his complexion sallow, he had a finch-beak nose and his chin was no compliment to his forehead. Tending to lean forward as he walked, he appeared to be shorter than his five feet nine inches. Nature had not made him handsome but had compensated him with an eminently likeable personality, a happy temperament and a smile that often broke into uproarious laughter. His popularity gained him the nickname "Giles" that was attached to him for the rest of his life".

Though he is primarily remembered today for his extraordinary legacy he left to plastic surgery, he was more than just a superb surgeon. He excelled in whatever he did; whether it was rowing, cricket, golf or billards, he played the game with awesome grace and effortlessness and demonstrated a proficiency which appeared to be mysteriously inherited rather than laboriously acquired. He was also a good wood carver; he painted competently in water colours and played the violin quite well.

He loved golf and was more than just a good player. A friend recalls an incident on the rugby field. "After the game, some of us were chatting near the touchline when we were joined by Gillies. On the far side of the ground was a rustic farm house. Some one offered Gillies five shillings if he could put a ball through its doorway. Without a

GILLES ORATION delivered at New Delhi at the Annual Meeting of the Association of Plastic Surgeons of India, October 1996.

word, he took a ball from his pocket and placed it fairly and squarely into the house". And those of you who have played golf will know that this was no mean achievement.

In 1913, he crowned his already great reputation as a golfer by winning the Royal St. Georges Champion Grand Challenge Cup at Sandwich, then the most coveted trophy in amateur golf.

In 1910, Gillies was appointed as an assistant to Sir Milson Rees, the reigning ENT Consultant at Barts, for the very handsome sum of five hundred pounds a year. This allowed him to marry Kathleen Jackson, Sister-in-Charge of Abernathy ward at Barts, in 1911 and with only a few interruptions they celebrated their anniversary for the next forty five years.

Gillies and his wife were opera fans and sometimes occupied a stall reserved for Sir Milson. Once during the performance of "Aida", Gillies was summoned in the first interval to the dressing room of the Belgian Ballerina, Madamossele Verbist. The dancer had sat on a pair of scissors and had sustained a puncture in a tender spot. Gillies carefully dressed the wound but for the rest of the performance, he could only see the slight bump under the dancers costume.

The first phase of Gillies' life ended with the onset of the first World War. In 1915, the Red Cross sent him to France to work with a Belgian ambulance unit at Hoogstadt. Passing through Boulogne, he met Charles Valadier, a flamboyant Frenchman who practised dentistry even though he had never qualified as a doctor or a dentist. Valadier was actually repairing jaw wounds with new tissue taken from other parts of the body, especially bone grafts.

A little while latter Gillies was presented with a book on fractures of the jaw by the German Lindemann. This book seems to be the inspiration for becoming a reconstructive surgeon. On leave that year, he went to Paris where he sought out Hippolyte Morestin, at that time the most celebrated reconstructive surgeon in Western Europe.

Morestin let Gillies watch an operation for cancer of the face. Gillies was spellbound and felt a tremendous urge to do something other than destructive surgery. He wrote to a friend "I feel that this is the one job in the world I want to do". His ardour led to his appointment to the Cambridge Military Hospital at Aldershot for special duty in connection with plastic surgery.

The workload at the hospital was enormous. In 1916 after the Somme offensive, two thousand men were admitted to Gillies' unit at Aldershot. He wrote "there were wounds far worse than anything we had met before. Men burned and maimed to the condition of animals. Unlike the student of today, who is weaned on small scar excisions and graduates to harelips, we were suddenly asked to produce half a face. I just had to go ahead with the ingenuity of my own mind and the principles of surgery behind it. Little by little principles evolved and I think if I have made a worthwhile contribution, it is in the establishment of these principles'. And ladies and gentlemen this surely is his most valuable legacy.

He appreciated at once that the work needed to be a team effort with a dental surgeon and a competent anaesthetist. Everything was new to them and each new case presented problems for which there were no books to guide them and no articles to refer to.

It is almost impossible for the majority of us today to imagine the conditions under which Gillies and his team worked. Control of bacterial infection did not exist. Not one single antibacterial agent was available. Sulphonomides appeared in the 30s and penicillin only in 1943.

The equipment of operating theatres in those days was pathetic. There was no suction apparatus with which to clear the blood and anaesthesia was unsatisfactory. Endotracheal tubes were only beginning to be used and the risk of anaesthetic complications was high. Hypotensive anaesthesia was unheard off, resulting in significant blood loss. There were no forms of resuscitation; blood transfusion was rare and no stored blood was available. Indeed even glucose and saline infusions did not exist! Even the instruments were primitive and all special instruments had to be thought out and made. Under these circumstances, it is evident that the results obtained were not only wonderful but near miraculous.

By 1917, the volume of work had increased so much that a new 600 bedded hospital was developed at Sidcup, devoted entirely to plastic surgery. Its design and layout were entirely Gillies' and consisted of a horseshoe shaped ramp from which radiated 15 wards, each with 26 beds. By 1921, 11,752 operations had been performed on 8,749 patients and from this monumental experience came his other valuable legacies.

The most precious and long lasting was the popularization and refinement of skin grafting which completely changed the management of skin loss due to burns and other injuries. It reduced

pain and suffering and cut the length of stay in hospital. It was and still is the main stay of our speciality.

It was also during these war years that he devised the various flaps that we use routinely today and the tube pedicle. The first rotation flap he did was on Corporal Smith whose jaw and lower lip had been sheared off by a bullet leaving behind a hideous deformity. Gillies decided that nothing short of utilising spare tissues from below the jaw would provide the answer. "We waited with bated breath" he wrote "The mouth healed without a hint of the downward tension seen before".

In 1917, an injured man was wheeled into surgery for facial reconstruction. Whilst the flap from the chest was being raised, Gillies noted the edge cutting inwards and in a flash of inspiration, he sutured the margins together to form a tube. He called them tube pedicles. "These tubes became historical treasures". he said 'They did everything that I had hoped" (Fig.2) Later he said "it was, of course, a major break through, but it was a manouvere that was bound to occur to any opportunist brain working in Plastic Surgery'. And in fact it had; Filatov of Russia had preceded him in print by a few weeks.

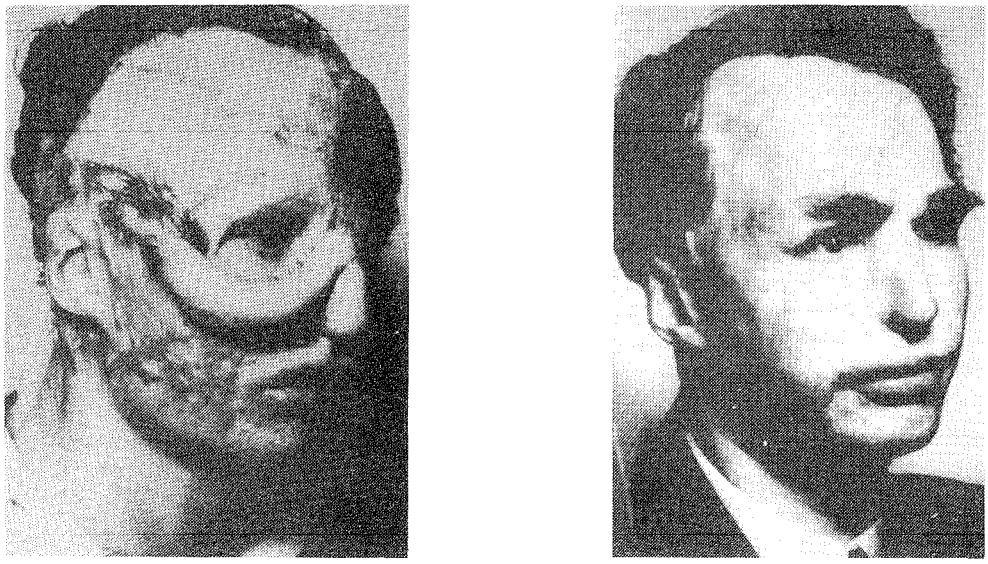
(Fig-2) The ubiquitous tube pedide

His results were quite amazing and it was therefore inevitable that Sidcup began to attract National and International attention (Figs.3&4). Surgeons came to observe and participate. Amongst them were Vilray Blair, Ferris Smith, Staige Davis, George Dorrance, Gustav Aufrict and Kazanjian.

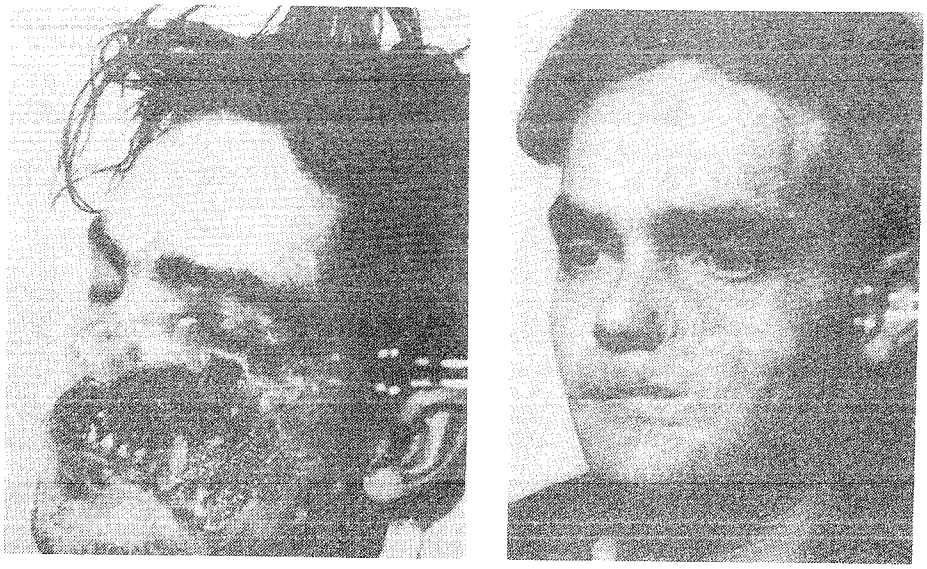
But he was also the first to admit that things did go wrong. Flaps became infected and withered away and grafts failed to take. Then he had to confess to the boys that he had made a mess of it and that it would have to start all over again. And when that happened he thanked heaven for an inherited ability to twist fun at the ordinary things of life and no one knew better than Gillies himself that the most potent influence in the recovery of his patients was their faith in him, and hope.

The war ended on November 11, 1918 and so did Gillies' services with the Royal Army Medical Corps. He was appointed as a Plastic Surgeon at Barts and was called upon to treat difficult cases and correct deformities which had no connection with war. Syphillitic noses, burn scars, harelips and cleft palates, giant naevi and neurofibromas were all a source of psychic distress and required treatment.

He started private practice at Portland Place but it was no guarantee of early prosperity. "Name plate



(Fig-3a & 3b) Tube pedicle repair of scar face



(Fig-4a & 4b) Gunshot wound of the face repaired with tube pedicle

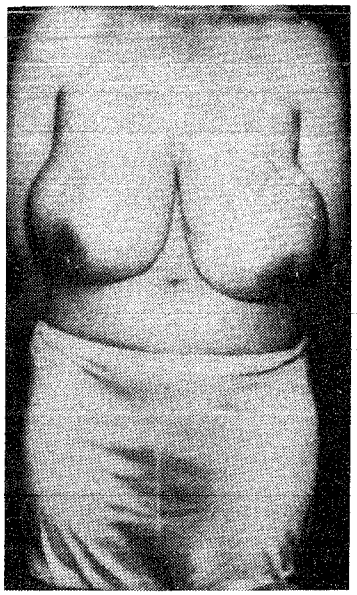
(Fig-5a & 5b) Cosmetic rhinoplasty. Pre & Post operative photographs

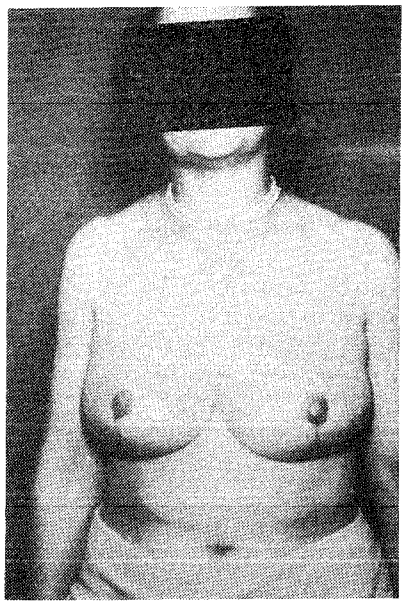
up; secretary installed" he wrote to a friend. "Now all I want is a few patients willing to place themselves in the hands of a surgeon crazy enough to nail his fortune to the mast of plastic surgery".

Cosmetic surgery was virtually unknown at that time but it was inevitable that Gillies should be the one to start practicing it (Fig.5). In this he was ahead of his time; as early as the 1920s he had realised that cosmetic surgery was entirely justified, because defects, which to the unaffected person seemed trivial, could be a source of infinite distress to the victims. Today of course, we know all about body image and the need to correct a deformity, even if slight, to help boost the patient's ego and increase his self esteem.

On his homeward journey from the USA in 1919, he met a charming lady who desired her long beaky nose to be replaced by a more comely one. She was sponsored by a prominent financier. In

(Fig-6) The facelift, Upper : Preoperative; Lower - Post operative





(Fig-7a & 7b) Breast reduction

good time Gillies presented his bill and hoped the financier would add to the fee in appreciation of an obviously successful operation. Instead, the bill was returned. Fortified by her new nose, the lady had gone off with another man!

He routinely carried out facelifts (Fig.6), abdominoplasties and breast reductions (Fig.7). Though he sometimes felt that he was only making money, when he saw the pleasure that followed, he wondered whether plastic surgeons had the right to refuse a patient who wanted the operation. He wrote "If it is going to make a great difference to the patient in happiness, in social advancement and particularly in a job, it is justified. If it gives real happiness, that is the most that any surgeon can give"..

His empathy for human suffering was indeed great and led him to propose early reconstruction of the breast after excision of breast cancer. But general surgeons and oncologists were reluctant to refer their cases to a plastic surgeon presumably because of slim expectations of long term survival. However, Gillies maintained, that "happiness is always warrantable however brief its tenure".

In the late 1920's Gillies was one of London's busiest surgeons. McIndoe became his assistant and in due course it was to become one of the most spectacular partnerships of the 20th century. Punch in 1929 paid a tribute to him by presenting him in "Mr. Punch's personalities". These were the lines appended to the drawing: (Fig.8).

" When the soft turf his nibblick hews,
Deftly the divot he replaces.
And the same plastic art renews,
The natural form of wounded faces".

(Fig-8) Gillies "cartooned" in Punch Magazine

In 1930, Gillies was knighted. The honour was long overdue. Letters of congratulations were a plenty but the ones that touched him the most were those from his patients.

The second world war changed everything. Mowlem became adviser to the Ministry of Health, McIndoe was appointed to the Queen Victoria Hospital at East Grinstead and Sir Harold went to Rooksdown House at Basingstoke.

(Fig-9a) Mary Champman - Preoperative photograph

(Fig-9b) Postoperative photograph

The casualties of war came pouring in but there was a difference between them and the First World War. Patients in the Great War came after a long time, those in 1940 were brought to him within hours and Gillies and his team could take hold of their smashed bones and pull them back into their correct position, holding them with wire. It demonstracted the value of immediate treatment.

However, the tube pedicle continued and one of his most dramatic cases was Mary Champman (Fig. 9a). He wrote of this case: "The first of several tube pedicles changed her psychic outlook and by the time I was finished she had changed from a scarred horror to a young lady of poise and charm. Now, she is married and all pedicles can be petted".

Cosmetic surgery also made a more useful contribution to the war effort. It was to show its worth in operations designed to camoflage the identities of persons engaged in secret work with the Resistance. One handsome young English man, who was to be parachuted into enemy territory had part of his chin removed. Regretting the necessity for spoiling it, he implanted the removed portion into a pocket of tissue just above the hip. Alas, he did not return.

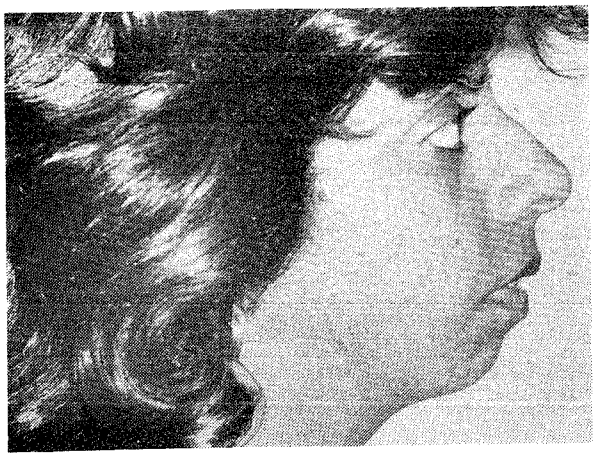
Whilst the First world war laid the foundation of modern plastic surgery, it was the 2nd World War which led to the setting up of plastic surgery departments in the UK and this trend then continued all over the globe.

It was the experience gained from the two world wars and the intervening years which led to the establishment of certain principles which form the basis of much of our teaching and is the most valuable and enduring part of Gillies' extraordinary legacy.

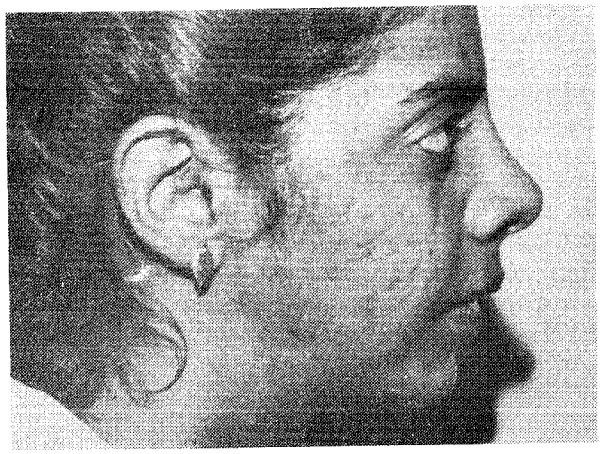
The first and most important principle propounded was that "**observation is the basis of surgical diagnosis**". Careful and accurate observation can tell us so much and indeed leads to correct treatment. A good look at the patient as a whole can often tell you as much as laboratory tests and costs the patient nothing. The sad thing is that though there are things to see, many people don't see them. Perhaps this is because we look at a thing too closely. Sir Harold used to say "**stand back and look - you are too close**". Wise words indeed and not pertinent to plastic surgery alone. Look at the face in Fig. 10a. If you had looked at the nose too closely you would have missed the retruded chin and thus would have failed to give the face aesthetic balance (Fig. 10b).

Sir Harold went a step further and encouraged his students to see things which weren't even there. He wanted them to use their imagination. He wanted them to have a visual image of how the repair would look when it was finished. Today, computer imaging has taken the fun out of the game, but I for one still prefer to use my mind's eye to see the result of a corrective rhinoplasty.

The next principle which logically follows the first is "**make a diagnosis before attempting to treat the patient**". This may not be always possible but Gillies used the word diagnosis in the sense of estimating the skin loss, or the size and shape of



(Fig-10a) Preoperative profile of a young girl requesting a rhinoplasty. Note the marked retrusion of the chin



(Fig-10b) Postoperative photograph after rhinplasty and chin augmentation

(Fig-11a) Preoperative planning

(Fig-11a) Postoperative photograph

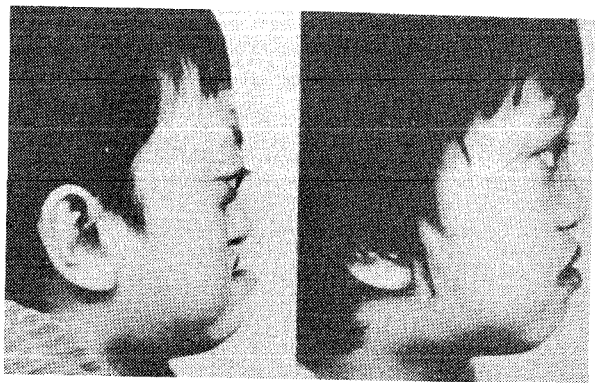
the defect, and what needs to be done to give a good aesthetic result. And having made a diagnosis, the next principles states: "**make a plan and a pattern for this plan**". This forces one to think in more detail than one would otherwise do and sometimes the preparation of a plan makes one realise that what was intended would not do and that a change is necessary (Fig.11a&b).

Not only did Gillies lay down the need for a plan but he stressed the importance of one or more alternative ones. This he referred to as "**the lifeboat**" and is strongly recommended. Some of Gillies' best ideas, in fact, arose out of "**lifeboat procedures**". One might call it experimentation, which is considered a dirty word in some quarters, but it did lead to progress. Getting into trouble and having to get out of it often results in one learning something, even if it is the certainty in one's mind that this was not the way to do it!

Mistakes cannot be always avoided and may even be instructive, but unless one is prepared to admit one's mistakes, one cannot profit from them. Gillies had an enormous capacity for realization of his mistakes and was able to learn and benefit from them. This unique ability to "**learn from one's own mistakes and from the mistakes of others**" was behind his great knowledge and is an attribute that needs to be nurtured most carefully. Arrogrance, sadly, is much more common and proves to be antiproductive. Gillies advised his trainees to be flexible in attitude and have the strength of character to change their minds as new facts are revealed.

Another important principle was the need to "**make proper incisions, along or parallel to normal skin creases**". And my dear colleagues, please remember that it is "by your scars that you will be judged".

"**Replace things into their normal position and keep it there**" is a dictum which is fundamental for repair of deformities and I am sure that we all have, at sometime or another, taken someone else's work completely to pieces to do just that! It is the principle which opened up a whole new subspecia -lity of plastic surgery and allowed cranio-facial surgeons to correct seemingly impossible deformities with some degree of satisfaction (Fig.12).



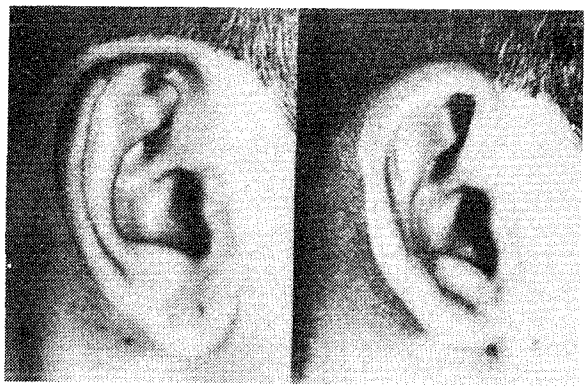
(Fig-12) Severe congenital retrusion of the maxilla corrected by craniofacial surgery

Millard, musing over the principle one evening in Korea, devised his now famous rotation-advancement method for repair of the cleftl ip.

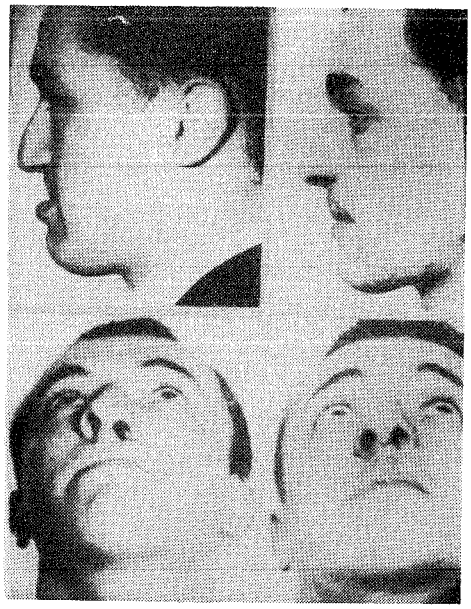
Another principle which follows the previous one is that "**losses must be replaced in kind-bone for bone, cartilage for cartilage and skin for skin**". This is true even today, though modern science has allowed plastic surgeons to break the rules. Even Sir Harold, I think, would have approved of silicone implants and I'm quite sure that the breast prosthesis would have pleased him enormously.

His principle of "**borrow from Peter to pay Paul, but only when Peter can afford it**" encouraged Dr. Antia to develop the chrondro-cutaneous flap for ear defects (Fig.13). However, the validity of this principle is best demonstrated by the Abbe flap as in this patient of Sir Harold's (Fig.14).

One of his best known pronouncements was "**never do today what can honourably be put off until tomorrow**". Gillies said that failures occured chiefly because he had operated too often and too soon and added that it was the greatest lesson he had



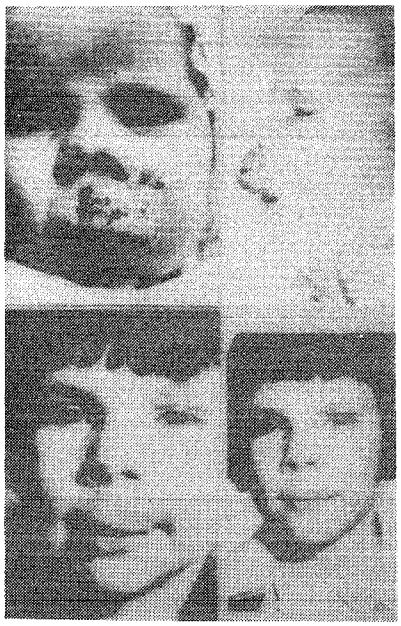
(Fig-13) Defect of the helix corrected by Antia's chondro-cutaneous flap



(Fig-14) Correction of severe cleft lip deformity with an Abbe Flap

learnt from the war years. It is a lesson which the enthusiastic youth of today must remember at all times. As the old saying goes "Young men kill their patients, old men just let them die". The maturity of the surgeon is gauged best by his nicety of judgement which allows him to say "not today. I'll do it tomorrow".

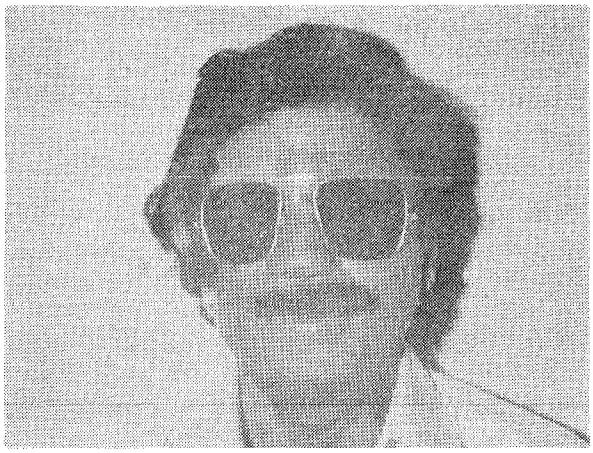
And in no branch of surgery is this more relevant than in our speciality. Scars will soften and settle with the passage of time and even a horrible scar may not need revision after a year or two. No other condition proves this point better than hemangiomas which disappear spontaneously by the time the child is 10 years old (Fig.15a & b). And nature, ladies and gentlemen does it so much better than the best of us. This principle also



(Fig-15a) Progession of Haemangioma of upper lip and cheek

(Fig-15b) Same patient at 18 years of age showing spontaneous regression

(Fig-16a) Acid burns of the face



(Fig-16b) Post operative photograph of the same patient after multistaged reconstruction

teaches us the value of patience. A little at a time, with lots of time in between, is the secret of a satisfactory result (Fig.16 a&b)

Besides patience, another attribute that a plastic surgeon needs to inculcate is style. Gillies often said "**Have a style. It will bring you through when the puttings off**". And it is interesting to note that later in life it was style that set him apart. Dennis Bodenham in a letter said Gillies' style was in marked contrast to McIndoes' and Kilner's. He was an enthusiastic surgeon, adventurous and original, bold and never daunted".

Gillies laid great stress on after care and often said that it was as important as planning or the operation itself, and all of us know that many a good result is marred because of shoddy after care. And he maintained with good reason that social rehabilitation is as important as form and function.

From the beginning he paid great emphasis on records, both written and pictoral. "**Write down everything you see and findings in detail**" he said "because it is only by having an accurate account available that one may be able later to judge progress or deterioration". A photographic record is by far the best and it is to be noted that it was Gillies who insisted that "a photographic department be attached to every Plastic Surgery Department".

Plastic Surgery was well established at the end of the 2nd World War and in 1946 the British Association of Plastic Surgeons was formed with 40 members and Sir Harold as its first President.

By this time he had trained 76 foreign and commonwealth trainee surgeons! And I don't think I would be wrong if I said that all British Plastic Surgeons are 1st, 2nd and 3rd generation pupils of Gillies.

Teaching was one of his great loves. Gillies sitting in his shabby consulting room with a patient in front of him and surrounded by students formed a picture that stays in the mind of many from all over the world (Fig.17).

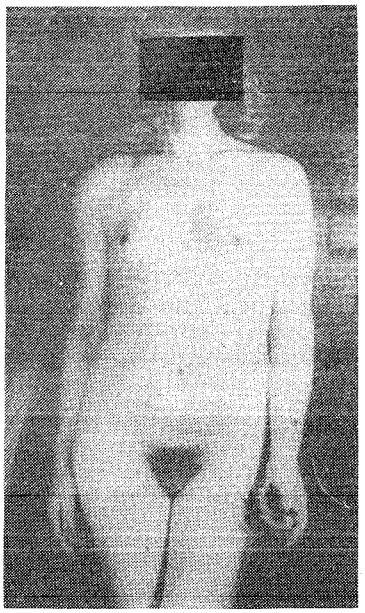
(Fig-17) Gillies at one of his teaching sessions

Working in conditions at which some visiting surgeons, especially from the United States, raised their eyebrows in surprise was no hardship to him. He was long used to makeshift surroundings and much of his best work was done in old hospitals. It was one of his dictums that "**the man behind the knife should be superior to his environment**".

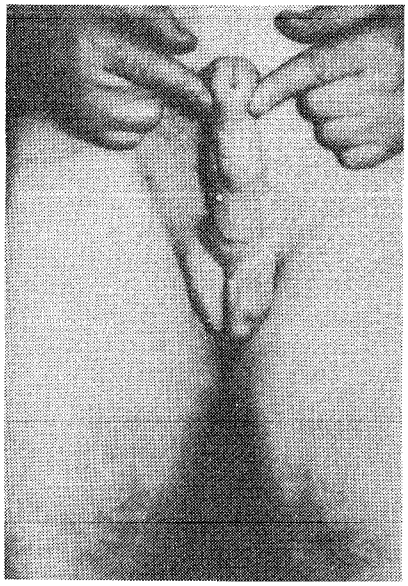
It was this dictum that allowed him to operate at a leprosy colony near Sao Paulo where he did the first nasal epithetlial inlay operation under local anaesthesia. Later, he happily operated on many patients at the Kondwa Leprosy Hospital outside Poona under rather primitive conditions and fired the imagination of Dr.Antia in the bargain.

That he was innovative, there can be no doubt. He devised the high tee in his youth; most of the operations he devised were firsts; he pioneered cosmetic operations including the facelift and the reduction mammaplasty. Gillies was the first to undertake sex change operations and he is said to have applied "the full measure of his experience and skill in making physical fulfilment possible for his patients." (Fig.18 & 19).

When he came across a case of oxycephaly with the usual characteristics of craniostenosis, Gillies was tempted to do a daring reconstruction. He



(Fig-18) Sex change from Male to Female



(Fig-19) Sex change from female to male. The penis has been reconstructed by an abdominal tube within a tube

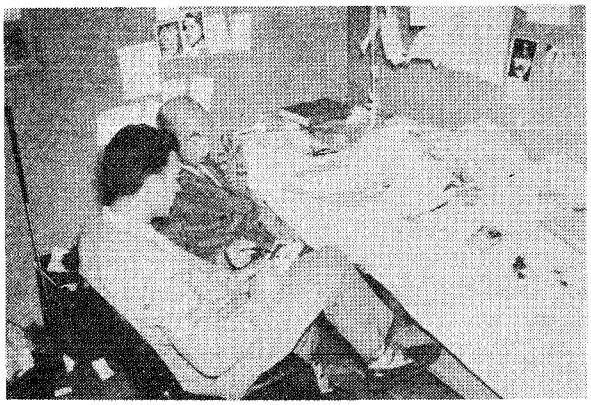
wrote: "a blending of inspiration and desperation led to the attempt to shift the whole bony face and palate forward enblock". Using an osteotome, he released the upper part of the face from the skull, enabling it to be brought forward.

Himself a competant painter he believed that the activities of the Plastic Surgeon were essentially creative, that they demanded the vision and the insight of the artist. To him surgery was an art and he enshrined this belief in the title that he gave his great textbook of plastic surgery that bears his name.

The story behind the writing of the "Principles and Art of Plastic Surgery" is an interesting one and bears repetition.

It started with the publication of "Plastic Peregrinations" by Ralph Millard, in the January 1950 issue of Plastic and Reconstructive Surgery. The paper was noted by Sir Harold who liked its style and eventually led to their writing the book together. Gillies wrote to Millard two years later: "Boy, I have to write my final book. How do you feel?" Millard wrote back: "Could come now to write the book. We can weave history, sports and technique into it. I want to be coauthor".

Soon after, Millard went over to Rooksdown and spent time collecting data, writing sections and choosing photographs. It was nine months before they both sat down together to write the manuscript (Fig.20). For Millard, this inordinate delay was most irksome. He says "for total time lost I suppose my greatest competitor were the birds. We would be working along at a goodpace when Sir Harold would suddenly cock an ear".



(Fig-20) Gillies and Millard in the bookery

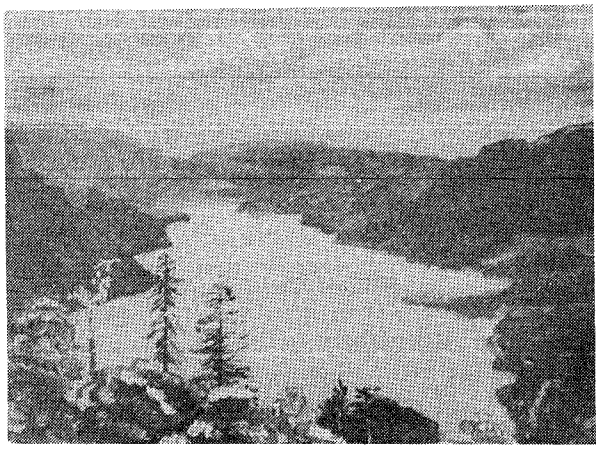
"Say boy! did you hear that?"
"No Sir', rustling papers in an attempt to drown out the birds song".
"Don't believe I've heard that bird around here before. Lets go and see".
"And we would spend half the night looking for that damned nightingale".

In 1953, 20 months after they started on the book, Millard came into the Bookery and found Sir Harold seated with his head on his hands. "Boy" he said "I'm tired and this is final. Take the manuscript and go home".

By the time Millard left Southampton, everything was completed except a short chapter. Little Brown of Boston accepted the manuscript for publication and the book was immediately accepted as a classic unlikely to be rivalled by any other book this century.

He continued to paint and his paintings were exhibited and sold in London several times. He also gave away many of his paintings to his trainees and friends who treasure them greatly, because they form a vital link between him and them and those who came after.

The one shown in Fig.21 was given by Sir Harold to Clifford Kiehn who had worked with Gillies and knew him well. Dr. Kiehn was one of the American plastic surgeons who had worked at Frenchay Hospital during the Second World War. The painting was in turn given to Mr. Ron Hiles who is present in the audience today.

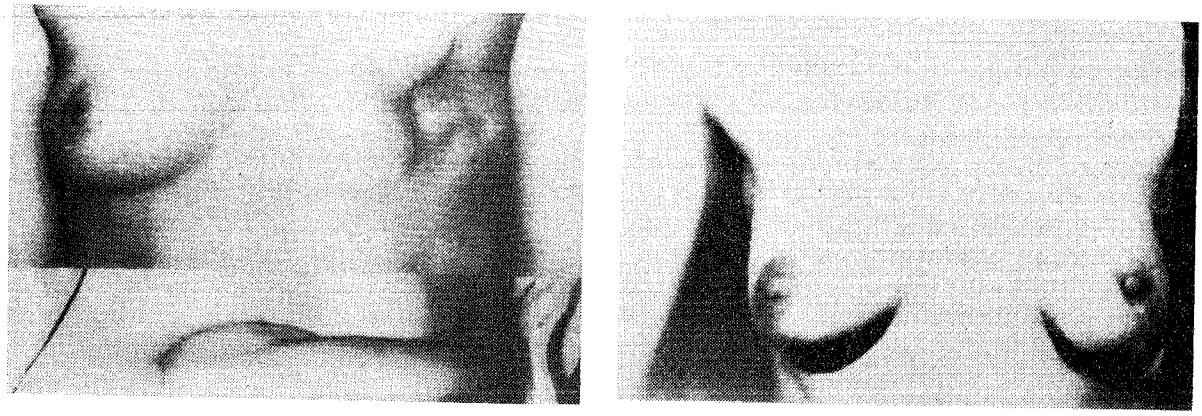


(Fig-21) A landscape by Gillies given to Clifford Khein at present with Mr. Ronald Hiles of Bristol, U.K.

In 1955, he was still head and shoulders above any other plastic surgeon in the UK and the world. His operating skills were legendary. Jack Penn of Johannesbrug wrote: "techncially he was the supreme master. I think he was able to feel the texture and gauge the blood supply of tissues, even though he often could not give a reason for his judgement. It was intuition, virtually mounting to genius".

Patrick Clarkson wrote "in many hundreds of hours spent assisting or in watching Gillies in the operating room, I never once saw him perform a hurried or rough movement. All the actions of his hands were consistently gentle, accurate and deft'. He epitomised what he often said **"Speed in surgery is not doing the same thing twice"**.

When Gillies was 60, his thinking was still nimble and he tended to be intolerant of less agile minds. "Do you always do it like that Sir?" a young American trainee surgeon asked him. "I never always do anything!" he answered tersely and revealingly.



(Fig-22a & 22b) Reconstruction of the breast with a tube pedicle

He kept thinking in his old age. He had recently invented a cloths hanger for men with the coat inside and the trouser outside, which made a lot of sense. In 1959 he was preparing a paper on breast reconstruction after mastectony. He reconstructed it with a tube pedicle, adding ox cartilge to ensure nipple projection (Fig.22 a&b).

He loved to travel and lecture. In 1956 when he was 74 years old he visited New Zealand again and did everything he was told not to do.

That same year Gillies came to India, which he loved, as the guest of Dr. Coyajee of Poona. He spent two months in India and did a number of operations. He painted the Taj Mahal and spoke to the Surgeon General of Bombay State about the need to start a Plastic Surgery Centre in Bombay.

To his host Dr. Coyajee, Gillies wrote "I have had a few momentary rewards in my life but no money could have made up for the deep delight of such a trip".

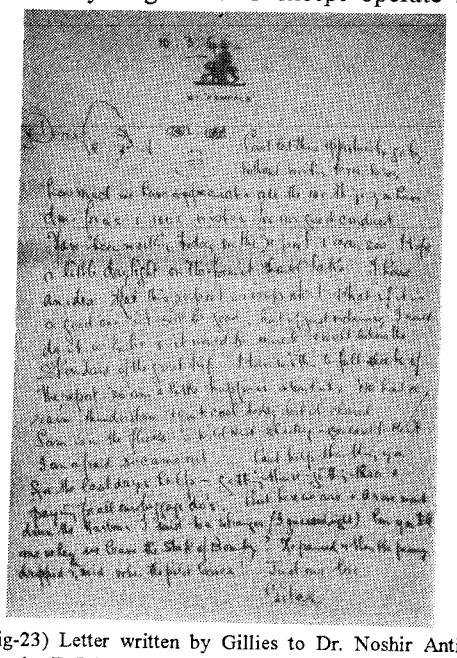
In 1959 he was back in India to inaugurate a plastic surgery unit in Bombay. The lectures he gave were feats of endurance. Of one lecture at the J J Hospital, Bombay, he wrote: "200/300 there. Most enthusiastic. Roared at the cracks and applauded the surgery".

Broadcasting for All India Radio, Gillies said "it was a privilege to come to help this great India in its wonderful movement towards the humanities and in surgery. I cannot speak too highly of the ability of Indian Surgeons; so charming, so kind, so honest and so delightfully obstinate".

Gillies found excitement in many ordinary things and exciting was a word he used often. He said of Delhi "The colours are superb and the grace and grandeur exciting. When the morning sun hits the red sandstone - Gee!".

Gillies' sense of humour and his zest for fun was an essential aspect of his character and stayed wtih him till the end. When in Cambridge, he once jacked up the rear axle of the college Head's Bentley and roared with laughter when the car failed to take off. On one occasion he managed without being noticed, to change a golfer's ball for one made of plaster of Paris. When the man attempted to drive the ball he was enveloped in a cloud of white powder.

Millard remembers a car ride after a night of wining and dining at the Garrick Club. "Sir Harold sliced the Bentley between two cars with no more than an inch to spare on either side". Noting Millard's reaction he chuckled "confidence in coordinaton of hand and eye after a sniff of alcohol is a real thing. I've done almost everything there is to do while tiddly. Everything there is except operate".

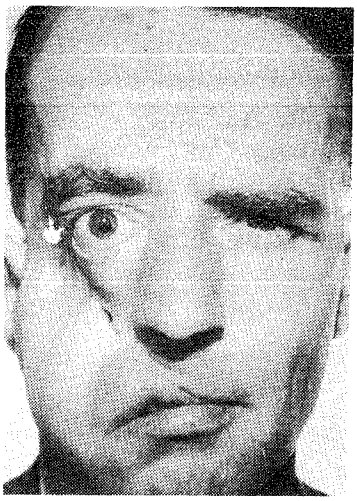


(Fig-23) Letter written by Gillies to Dr. Noshir Antia from the B I "Kampala" a few months before his death.

(Fig-24-27) Photographs to demonstrate the superb results achieved by Gillies

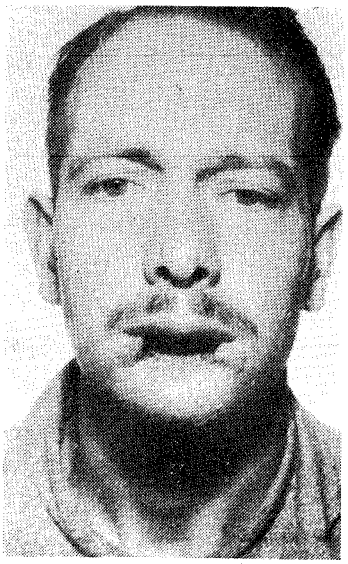
(Fig-24a)

(Fig-24b)



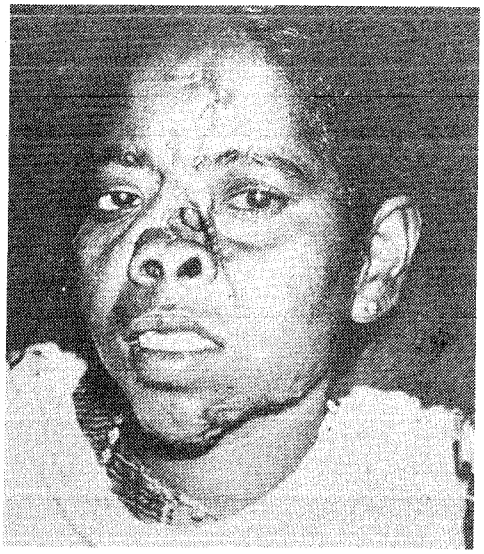
(Fig-25a)

(Fig-25b)

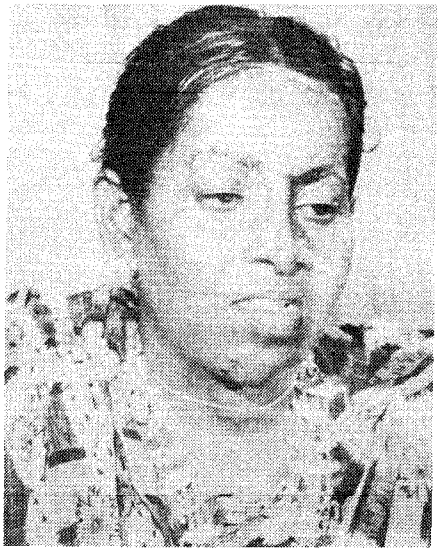


(Fig-26a)

(Fig-26b)



(Fig-27a)



(Fig-27b)

When dining with Dr. and Mrs. Thomas of Delhi, in 1959, he produced out of his mouth a whole handful of Indian coins. He wrote: "All were most alarmed. Mrs. Thomas thought the cook had put all the money in one bit of pudding and Dr. Thomas thought I was collapsing till the two boys and girl, enjoying the drama, suddenly saw the fun".

That same year he wrote a letter to the "Times" of London stating that the "treasured brass weights' belonging to the Victorian Weighing Machine at the Garrick Club were stolen by the Boys of Kings' School at Worcester for use in an ancient school ceremony on the banks of the Severn River". It gave Gillies, who was 77 years old then, a peculiar pleasure to claim that he had "spoofed" the Times. His son-in-law, Prof.Harrison remembers getting a gleeful telegram with a money order and instructions to celebrate. Gillies later said "I never thought they would publish such rot!".

He kept in touch with his trainees till the very end, with a visit whenever he could, but more often with a letter.

Here is one written to Dr. Antia from the B.I "Kampala" on his way back from India, few months before he died (Fig.23). It is a typical letter, funny yet sincere and so well demonstrates his humour, his courtesy and generosity to his pupils and his great concern for the future of plastic surgery in India, that I would like to reproduce it here.

"Can't let this opportunity go by without writing to you to say how much we have appreciated all the 101 things you have done for us and the 1001 wishes for our good conduct. Have been working today on the report and can see, I hope, a little daylight on the form it should take. I have an idea this report is important and that if it is a good one, it will be good, but if just ordinary, I could do it in 1/2 hour and it would be muck and well below the standard of the great trip. I have written 6 full sheets of the report so am a little happier about it".

In the last paragraph he says "But here we are and as we went down the Harbour, I said to a stranger, (I guessed right) "Can you tell me when we leave the State of Bombay?" He paused and then the penny dropped and he said "when the pilot leaves!".

Just our love
Giles.

There are any number of letters from his trainees, colleagues and friends testifying to his greatness but it was McIndoe who paid him the supreme compliment, and I'm sure that we all echo this sentiment, when he said "when I come across his work, all I can do is stand up and bow three times". (Fig.24,25,26 & 27).

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