The Lure and the Laurels of Plastic Surgery

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IT is a great privilege and a labour of love to give this oration in honour of Sir Harold Gillies. To recapitulate the career and achievements of this great pioneer of modern Plastic Surgery is an inspiring experience.

He was born into an affluent and distinguished family of Scots extraction in Dunedin, New Zealand, on 17 June 1882. As a school boy he was captain of cricket. As an undergraduate at Cambridge he was in the crew that won the prestigious boat race against Oxford in 1904. He was the University star in golf for three years, and continued to excel in this game. In 1913 he won the St. George's Grand Challenge Cup. He played for England against Scotland thrice. All this he did with some fixed flexion deformity of the left elbow due to a fracture sustained in childhood while sliding down the stair case bannnister at home.

He was an expert fisherman, and a painter of high distinction. An exhibition of his paintings was held in Foyles' Art Gallery in London in 1959.

After medical training at St. Bartholomew's Hospital he qualified in 1908, took the F.R.C.S. in 1910, and went into Ear Nose and Throat work as assistant to Sir Milsom Roes. Later he became Surgeon to the E.N.T. Department at Prince of Wales Hospital, and Pathologist to the Throat Hospital at Golden Square. After the First World War began, he joined the Royal Army Medical Corps in 1915. During a spell of leave looking for new experience, he visited Hippolyte Morestin who was trying out some bold techniques of maxillofacial surgery in Paris. Impressed by the possibility of applying such techniques to the proper care of large numbers of battle casualities with face and jaw injuries, he moved the War Office to open a unit at Aldershot for the specialised treatment of such cases. The talk looked formidable and he planned with great foresight the colossal organisation that was needed. This materialised as Queen's Hospital, Sidcup, in 1917 with 320 beds, a hutted affair but an ideal designed and built for the purpose, on a lovely country estate in Kent. It had lawns and beautiful trees and a big mansion to quarter the medical and nursing staff. In many respects this hospital was decades ahead of its time. From the admission block a long ring corridor led out to some 16 blocks, jutting out radially like tubes in a centrifuge. The Kitchen and sep-

The Gillies Memorial Oration on 13 September 1973 at the Summer Conference of the Association of Plastic Surgeons of India-Calcutta.

tic wards were on the right, the administrative block and clean wards on the left. Going counter clockwise from the first on the right the wards housed progressively less septic cases. Each ward had its nursing station near the entrance from the corridor, and an open air veranda at the far end. Inside the ring were two large operating suites, a dental theatre with six chairs, and an examining—treatment planning area with X-Ray, photography, and recording facilities. Most remarkable was a perfect studio for medical illustration, manned by Henry Tonks, doubly distinguished as an F.R.C S., and as a Fellow of the Royal Academy of Art. At that time he was Professor in the Slade School of Art, and made it a labour of love to sketch and paint breath takingly perfect pictures of cases that passed through to have their "lining, cover, and support" made according to plan, for terrible defects the like of which no other war had produced in such numbers.

The hospital was backed by 300 convalescent beds dispersed within a ten mile circle in cottage hospitals. A large number of convalescent jaw fractures were housed in the Parkwood Mental Hospital with a dental surgeon in charge to care for their loose splints and early abscesses, so common in that pre antibiotic era.

Gillies organised a system of close team work by experts from many fields to solve his difficult problems. His own enthusiasm, pursuit of perfection, and powers of persuasion got for him what he needed. Sir William Kelsey Fry, matching his stature, was his dental colleague from the beginning. Together they made immense contributions to the management of jaw injuries, and planned the perfections of Sidcup.

Queen's Hospital was opened on 18 August 1917, and received a flood of new casualties from the front where the tempo of trench warfare had reached its climax. There was a rapid addition of 200 more beds for the inflow of maxillofacial casualties from all the allied nations with their own special medical teams to care for them in this perfect set up. Thus Sidcup took on an international and dynamic character. Newland from Australia, Pickerill from New Zealand, Risden from Canada, Ferris Smith, George Dorrance, and Eastman Sheehan from United States—were all there. To quote Gillies, "It was more difficult to hide a bad case than to get a good one; consequently the standards rose."

The war ended on 11 November 1918, but Sidcup continued to work on its casualties for 11 years more. The special teams from overseas and their cases were just leaving, when Thomas Pomfret Kilner as surgeon, and Ivan Magill as anaesthetist were posted to Sidcup to join Gillies and Fry. These four made a great team and carried on till 1929 at Sidcup, taking the art and science, and team work and scope of plastic surgery a great way forwards. They helped 11000 war veterans on the long road to a bearable life with reconstructed face and new hopes. In 1920 Gillies published his unique experience in his book, Plastic Surgery of the Face, a classic which, unfortunately, went out of print after the first edition.

Honours came to him in full measure—

O.B.E. in 1919, C.B.E. in 1920, Knighthood in 1930. He travalled widely, giving lectures, demonstrating operative techniques, getting down to problem cases with great zest, always stimulating interest, inspiring young surgeons and helping to establish plastic surgery as a distinct speciality around the English speaking world.

But he had a hard struggle at home in the conservative professional circles of great Britain. It took great courage to become Assistant to Douglas Harmer of the Nose and Throat Department of Barths "with a special charge to do plastic work", in preference to a senior appointment in general surgery with no such charge. Consultations had to be routed through Mr. Harmer but he happened to be enthusiastic and nursed the "special charge" along, Beds and much else were found or scrounged the hard way. The results however, could be seen and slowly the plastic baby grew up. Through these lean years Gillies and Kilner were the opening batsmen of British Plastic Surgery on a poor pitch. The bowling gave very little away. Consultant appointments came slowly in widely scattered hospitals. With the appointments to St. Andrew's at Dollis Hill, and to Treolar Crippled Children at Alton, the scoring improved. Then the London Clinic was opened and there was a firm base for private work which was increasing.

After the work at Sidcup finished, Kilner left in 1930 to set up on his own. Mc Indoe and Mowlem joined Gillies in his greatly enlarged practice.

In 1939 there were only six full time plastic surgeons in Great Britain, but they were attached to good hospitals, and had trainess with them. After the Second World War started, the Emergency Medical Service came into being. Sir Harold was given the responsibility to plan the raising and setting of enough plastic units for war time needs both in Britain, and in overseas fronts.

Units working in London hospitals were promptly moved out into good locations in the surrounding countryside at East Grinstead. St. Albans and Basingstoke. New units were set up in E.M.S. Hospitals outside the big towns, Birmingham, Manchester, Liverpool, Leeds, Gloucester and elsewhere. Sir Harold took personal charge of Rooksdown House unit at Basingstoke, and made it his base for taking stock of third generation trainees. With the British Expeditionary Force evacuated from Dunkirk, some of the second generation plastic surgeons had brought back valuable the information on new patterns of casualties from a fierce, mobile war, supported by artillery, armour and air power.

The war office approved the plan to raise and train Maxillofacial Units as full teams compising surgeons, anaesthetists, dental surgeons, nurses and orderlies. Six such M.F.S.U.'s were raised. Perhaps a touch of madness was in the method, because No. 5 was a unit of red heads! Red or otherwise, they all served with distinction in North African, Indian and European theatres, providing expert, effective, early surgery, closer to the front than ever before.

The types of casualties were different from those of the First World War. Air raids over Britain produced a variety of injuries due to high explosive blast, shrapnel, falling debris and fires. Flying crews in air battles sustained very severe burns. Face and hands were involved too often. Young, highly trained, and intrepid. these were Britain's precious heroes. The East Grinstead Unit was well sited to receive them early from the scene of frequent air battles south of London and over the Englsh channel. The unit was brillantly organised by Mc Indoe and did a magnificent job, reaching very high standards in the care nd rehabilitation of extensive burns.

After the war, when the National Health Service came into being, the second, third and fourth generations of British plastic surgeons who had gained good training and experience, were able to meet the country's greatly increased demands for plastic surgery. It was Sir Harold's vision and initiative that contributed most to this rapid progress. He became the first President of the British Association of Plastic Surgeons in 1946 and the Honorary President of the International Society of Plastic Surgeons soon after.

The world is small. Progress and centres of excellence any where are copied elsewhere.

Plastic Surgery in India

The two fundamental concepts of using free grafts and pedicled grafts of living tissue for creative surgery evolved in India-at about the same period that saw the birth of algebra and the concept of zero. Rhinoplasty became well established, and a highly developed system of surgery was recorded in Susruta Samhita in verse form-easily taught and remembered. Then through the centuries of strife, invasions, and conquests this science declined in India.

Only after the Second World War did plastic surgery have its rebirth here in a new form.

It was really the third generation of Sir Harold Gilies in two British Maxillo-facial Surgical Units working on the Burma Front that lit the torch here in 1943-44. One worked forwards in Comilla, and the other functioned in bases at Calcutta, Bareilly, and Ranchi. Their work was watched with fascination by Indian Surgeons, A few with the right temperament and opportunity fell for the lure of Plastic Surgery and went for training where they could, when a chance came.

In 1945 two Indian Maxillofacial Surgical Units were also raised. No. 1 at Kirkee was under Fitzgibbon first, and Gibson later. No. 2 at Secunderabad was under Eric Peet. For a whole year there were no Indian Surgeons in these two units.

I was posted to No. 1 Maxillofacial Surgical Unit under Tom Gibson in 1946, and Bramwell Sukh came in a little latter. The two units were merged soon after to from a static maxillofacial centre for the Indian Army at Bangalore. The training we got was exciting, realistic, and effective. At Kirkee in the summer months

of 1946, we started operations at 3 a.m. and finised half the list before breakfast, which was in the office outside the theatre. The rest of the list finished by noon. The afternoon hours were for study, including a refresher of anatomy at the Sassoon Hospital where the nucleus of a Medical College was coming up.

At Bangalore there were regular clinical meetings well attended by doctors from the Civil Hospitals, The work was engrossing. Early in 1947 our British Colleagues went home, and I was left in charge of the centre. Towards the end of that year, I left the Army and Sukh took over. On a Govt. of India scholarship for higher studies, I worked for two years at some of the best Plastic Surgery Centres in U K. with short visits to U S.A. and Czechoslovakia. It was Prof. Kilner, chiefly, who led me to the take off stage. Returning to a Lecturers' job in the new Medical College at Nagpur, I found the usual difficulties, but managed to get over them, and had a plastic surgery service going in three years. By 1953 the work that used to come in fantastic in its variety, and supremely satisfying to do. *This is the lure of Plastic Surgery any where in India.* All of us here have fallen far it, worked hard to meet the challenge of difficult cases, and felt this effort bringing forth our best talents and giving us great job satisfaction, This is a major part of *our laurels.* Amidst the vast backlog of untreated deformities we are privileged to give a great part of our time every day to make some derelict human beings more able to get back into the main stream of useful independent life.

In those formative years, the nineteen fifties, of twilight before the new dawn for Indian Plastic Surgery, B.K. Rank the doyen of Australian Plastic Surgery made a long visit to this country, and lighted our way to clear and practical goals. Effective training arrangements under the Colombo Plan materialised, and a number of us received significant benefits. Australia got much closer to India.

Eric Peet revisited India several times. Other distinguished Plastic Surgeons passed through now and then with fresh ideas and much good will.

Young surgeons from India who had gone to U.K. and U.S.A. for training returned to work here, one by one.

Sir Harold come to India in 1957 while some six of us with early start were struggling to establish plastic surgery as a new speciality in this ancient land. He was fascinated by the opportunities that lay before us and did his best to help us along. His treatment planning session were delightful, and he was generous with praise when any of us got ideas that were better than usual. The Plastic Surgery Section of the Association of Surgeons of India was formed in 1957 and he was glad to become an honorary member of the Association and of its new speciality section.

He came again in 1960, with his lady, to see more of India, and found that we had made a good deal of progress. An approved pattern of training in Plastic Surgery had been established. One all India

Training Centre at Nagpur and three regional centres at Calcutta, Patna and Lucknow were functioning. Two more were coming up in Bombay. There was the promise of a new generation taking to this speciality with enthusiasm. He was impressed by what Plastic Surgery could do for deformities from leprosy. At 78 he was full of life, sparkling humour and zest for new experience. One Sunday we took him and Lady Gillies to a picnic spot 30 miles outside Nagpur. He sat relaxed and happy, looking at the view across a quiet stretch of water and painted the scene. It was done with an effortless symphony of mind, eye, and that we have so often seen in his surgical work. When leaving Nagpur he gave this picture to me as a souvenir. First he wrote..."To Bala.....After a pause he looked at my wife and added the words... "and Balarina," So was a new title conferred on her.

From India he went to the Seychelles islands, picked up an infection there, and died in London Clinic on 10 September 1960.

All of us have been influenced by his example and teaching, directly or indirectly. Let us honour him and remember him as Twentieth Century's Surgeon Extra ordinary to the world whose personal contribution for the Salvage of human wrecks from two disastrous World Wars led to the rise of plastic surgery as a flourishing speciality all over the world. This speciality was reborn in India like Phoenix from the ashes-from that ancient, long forgotten Indian concept of using free grafts and pedicled grafts of living tissue for creative surgery.

As in his own work, so in our speciality that he raised to high status, there is all the lure and the laurels we need to save life and limb, to preserve function and form, to restore normal feeling and mental balance, in our chosen vocation that serves our fellowmen who have lost someting which creative surgery can restore.