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THE IMPACT OF WAR

He that makes a good war makes a good peace.

George Herbert, *Outlandish Proverbs* (1640)

Despite all the killing and the destruction that accompanied it, the Second World War was a good war.

A.J.P. Taylor, *The Second World War* (1975)

It is difficult to regard any war as good (until we contemplate the alternatives to opposing Hitler in 1939 and Japan two years later), but certain elements in the evolution of the College can be traced back to events during the six years of conflict that came so rapidly on the heels of Webb-Johnson's visit.

There has been much criticism of Britain (and equally of Australia and New Zealand) for the unpreparedness and self-delusion that endured almost to the outbreak of war. The medical services of Australia and New Zealand were not exempt from this criticism; yet there was within the ranks of the College a background of understanding and commitment which helped compensate for the inertia that existed in the community as a whole.

To some extent this stemmed from the military experience that had been present among the founders. (Of the six New Zealanders, for instance, three – Acland, McGavin and Wylie – saw service in South Africa and subsequently in the First World War, all three surviving the sinking of the transport *Marquette* in the Aegean in 1915, while two others, Barnett and Robertson, served during the First World War). That body of experience was augmented by the men who came into the College during its first decade – no fewer than six future presidents¹ had been casualty clearing station surgeons before Passchendaele in 1917, and the ranks of the College were full of men (and one woman, Lilian Cooper)² with worthy First World War records.

These folk provided a good deal of the surgical leadership when medical services in both countries went on to a war footing. Prominent among them was the Australian Director-General of Medical Services, Major-General Rupert Downes. The son of a professional soldier, he had been the youngest field ambulance



Rupert Downes, after serving with distinction in the First World War, did as much as any man to provide Australia with an army medical service that could face the Second.

commander at Gallipoli before becoming DDMS of the Mounted Corps in its advance to Damascus. Between the wars he had combined practice as a paediatric surgeon in Melbourne with dedicated militia service, in which he not only set out the basis – in terms of equipment, staffing, procedures – on which the Australian effort in the Second World War would be organised, but by the example of his own commitment inspired a loyal group of medical officers to share this preparedness. He became DGMS in 1935.

William Hailes, who had won a DSO at Broodseinde in 1917 and had been dean at the Melbourne Hospital between the wars, became Consulting Surgeon to the AIF in the Middle East. He later succeeded Newton as censor-in-chief when the latter assumed the presidency in 1943; after the fashion of the times he was co-opted at first and elected the following year. His New Zealand counterpart as Consulting Surgeon was Duncan Stout of Wellington, another First World War DSO who became medical historian of the Second World War, served on the New Zealand committee and, prior to his death in 1979 in his 94th year, had become the last surviving foundation Fellow.

T.E.V. (later Sir Victor) Hurley was a CCS surgeon who came out of the First World War with a CMG; in the Second he was Director-General of Air Force Medical Services in the rank of air vice-marshal.



Victor Hurley, a future president, headed the medical service of the Royal Australian Air Force with the rank of air vice-marshal.

The College of Physicians had come into existence in 1938 and, on the outbreak of war, the councils of the two colleges met to consider how they might assist in the war effort. A joint committee was formed and its services offered to the Australian Government, as were the premises of the respective Colleges. (The physicians had taken possession of their headquarters building in Sydney just a fortnight before war was declared.)¹

The Colleges' offer of premises and advice was accepted with gratitude by the Commonwealth Prime Minister, the Rt Hon. R.G. Menzies. In Melbourne the College building provided accommodation for the administrative staff of the Australian Red Cross Society; the activities of the College itself were severely pruned back. Annual meetings – of legendary brevity – were held to comply with the requirements of the Companies Act; otherwise the only meetings of note dealt with military surgery. G.R.A. Syme (son of the first president and a former honorary assistant secretary in succession to Orm Smith) agreed to act as College secretary when, in 1943, H.G. Wheeler volunteered for military service and became lay registrar of an Australian General Hospital.

The joint committee of the two Colleges did useful work in two fields: in spreading the contribution of those still in Australia so as to cover a vast country with the slender 'human resources' in specialist expertise that were available to it, and in seeking to safeguard the future prospects of those serving overseas. To this latter end, specialists in Australia, already over-stretched and working under difficulties, contributed to a fund for the assistance of their colleagues on active service.



G.R.A. Syme, son of the first president, agreed to act as College secretary in 1943. Here he is seen during an executive meeting, in a photograph taken by Balcombe Quick, the College treasurer: from left: Syme, Newton, Devine, Kenny.

Sir Hugh Devine had succeeded Sir Louis Barnett as president in 1939; he was followed in 1941 by E.D. Ahern of Brisbane (the first Queenslander to hold the office) and, in 1943, Sir Alan Newton came into the presidency. In this succession there are two ironies: the first, that the two men who had done so much to shape the College – Devine and Newton, both of them knighted in 1936 – occupied its top office at a time when its activities were so severely curtailed. Not that Newton was under-employed: when he became president he was already chairman of the Medical Equipment Control Committee of Australia.⁴ At his memorial service in 1949 his old friend and wartime Prime Minister R.G. Menzies said this of his work:

Early in the war in 1940 with the collapse of France and, as it seemed, almost desperate struggle for Great Britain, it became clear to us that Australia must become self-supporting in drugs and in medical equipment, and must do so as rapidly as possible. It seemed to me at that time and to others to be an almost overwhelming task. Here we had been able in Australia to draw on sources from all over the world for life-saving drugs, for medicines, for medical equipment, and suddenly we found ourselves alone.

It was my great privilege to ask Alan Newton to undertake it with the assistance of a powerful executive committee. The success achieved by that committee, under that great man, was remarkable. It would be no overstatement to say that its work saved thousands of people in this country from illness or from death. I say, as one familiar at first hand with much that was done in the course of the war, that no better piece of work was done during the war by any man in any place. Quite true it was largely unknown and it was entirely unadvertised but the historians of the war will, I have no doubt, do it justice.⁵

This historian, at least, is happy to do so.

The second irony is that Ahern's role as president is utterly confusing. His private anaesthetist in Brisbane, Dr P.J. Kelly, wrote



E.D. Ahern was the first Queenslander to be president of the College, but his term came during the Second World War.



Leslie Cowlshaw was a Sydney physician and bibliophile. He was librarian of the Royal Australasian College of Physicians and laid out its library ready to incorporate his own collection. But at his death in 1943, the Physicians felt unable to take on the responsibility.

in an obituary of his friend that the presidency 'was a big effort in those days, requiring frequent trips to Melbourne from Brisbane'. Yet the minute book records Ahern's apology for each of the infrequent Council meetings held during his presidency. Certainly he was in temporary command of 117 General Hospital in 1942-43, and Queensland was quite near the 'sharp end' at the time; so that Kelly may have mis-recalled the reason for Ahern's absences from his private practice. Whatever the truth of the matter, Gordon Bell held him in special regard as a fellow-Councillor, writing: 'If he thought that the solitary New Zealand representative was being hard pressed, his generous Irish heart rushed to the rescue.' And G.D. Fielding gives it as his opinion that 'no Queensland surgeon has contributed more to the College than E.D. Ahern'.⁶

During the war – one might even say, because of the war – the College acquired one of its greatest treasures.

A bequest from Gordon Craig, one of the New South Wales founders and a member of the first council, had permitted the establishment of the library which bears his name. This soon included a variety of historical texts and such items as the medical history collection of Rudyard Kipling, already mentioned.

Meanwhile, the College of Physicians had been founded in 1938 and had appointed Leslie Cowlshaw as its honorary librarian. Cowlshaw was a bibliophile as well as a physician in Sydney; he had been involved with the College of Surgeons as Syme orator in 1936, and this appointment (promoted by another medical historian, Herbert Moran) may well have been, at least in part, a sprat to catch a mackerel.

That episode aside, Cowlshaw designed the library of his own college in such a way as to allow it to accommodate his extensive personal collection, over which he gave his college first option in his will. But when he died in 1943, the College of Physicians was still finding its feet and, preoccupied with its wartime problems, it felt unable to take on such a responsibility. Cowlshaw's executors therefore put the collection up for sale. The news came to the ears of two men: John Laidley and Kenneth Russell. Laidley was a urologist and secretary to the New South Wales committee.⁷ On 17 December 1943 he wrote to Melbourne, asking for the subject to be brought to the notice of the College executive and enquiring if he could help at the Sydney end. G.R.A. Syme – honorary secretary, honorary librarian: in wartime one man plays many parts – asked Laidley to seek an option on the collection and attempt to determine its value.

Meanwhile, Russell – an anatomist and, like Cowlshaw, a bibliophile; not yet an Australasian Fellow – returned from army service with a CCS in New Guinea, on compassionate leave to visit his ailing father. He browsed in one or two of his beloved Sydney bookshops, found out about Cowlshaw's collection and promptly wrote a hasty note to the secretary of the College (as it happens Wheeler was back in Melbourne on leave) on 24 December. 'It would,'



Two men - John Laidley (far left), the secretary of the NSW committee, and Ken Russell (left), not yet a Fellow - learned of the possibility of acquiring Cowlshaw's collection. Laidley would die young; Russell would devote himself for a generation to the care and cataloguing of the collection.

he wrote, 'be almost criminal to break up the collection.'

His message galvanised the College into action. By 6 January 1944 Syme was reporting to Laidley. He had telegraphed Tyrrell's, the agents in Sydney:

CAN YOU GIVE US OPTION OVER COWLISHAW'S
HISTORICAL MEDICAL LIBRARY?

and one day later, having made the necessary arrangements:

COLLEGE OFFERS TWO THOUSAND FIVE HUNDRED POUNDS
CASH AND WILL NAME IT THE COWLISHAW COLLECTION

Laidley's report, made that same day, 7 January - that he had spoken to Mrs Cowlshaw, had approached the lawyers and obtained a verbal option, and had asked Tyrrell's for a valuation - had thus been overtaken by the urgency that Russell had imparted.

By 10 January Syme was able to report to Laidley (and to his president, Sir Alan Newton) that the collection had been obtained for £2750. It is worth anticipating to record here that Russell became a Fellow in 1945, was shortly designated Reader to the Gordon Craig library and devoted over 30 years to the care and cataloguing of the collection. His catalogue, a work of rich scholarship, was published in 1979. After his death in 1987 a plaque was erected in the library he loved and a memorial lecture instituted.

It will be recalled that the College at its foundation had foreseen the acquisition of a Royal Charter in due course. In 1939 the Council resolved to apply for such a charter, obviously feeling that the College was, by then, well enough established that the dignity of such a charter would outweigh the restrictions it would impose on any subsequent restructuring. The petition was submitted just before the outbreak of war but then withdrawn, with the intention of resubmitting it once the war was over. The resubmission never occurred.

Sir Robert Menzies had been of service to the College long before he was admitted to honorary Fellowship in 1963.



But another long-term concern did come to a conclusion – a happy one at that – during the war. The College had been hamstrung in its efforts to arrange its investments by a ruling that any income derived from these would be deemed taxable. It had pleaded that it was a scientific and educational institution and hence should be exempt; the Deputy Commissioner had been obdurate in denying exemption.

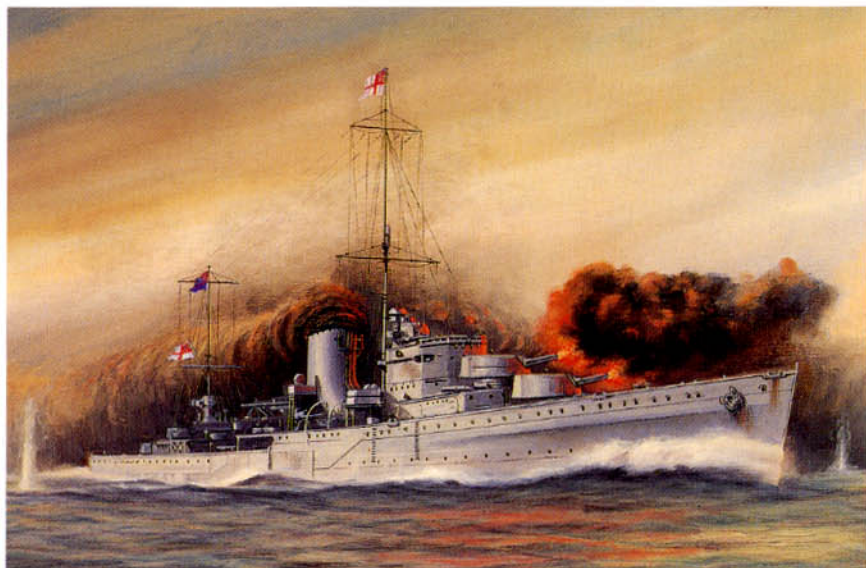
The College consulted its solicitor and, on his advice, sought an opinion from R.G. Menzies KC. Now out of office as Prime Minister, he remained appreciative of the College's patriotism in offering its building to help the war effort. More than that, he saw merit in the College's objection and advised that it should succeed on appeal to the High Court. The Commissioner was asked to submit the objection to the opinion of the High Court of Australia, and Menzies was retained as senior counsel.

In 1943 the Court ruled unanimously that the College should be exempt from taxation by virtue of its educational and scientific character.

The College was in its turn appreciative of Menzies' assistance; but honorary fellowships and such tokens were in abeyance during the war, and it was not until 28 May 1963 that the now Sir Robert Menzies KT CH FRS QC MP – once again Prime Minister and this time Syme orator – was honoured.

This judgment, secured with Menzies' aid, would have been welcome at any time, but was of particular importance in wartime, when income from examination and entrance fees was no longer available. It allowed the College to accumulate no less than £16,000 from the Gordon Craig Bequest, which had already served to endow the Library, and now permitted the award of 42 Craig Fellowships for young ex-service surgeons before the fund was exhausted in 1952.

Individual Fellows (and even more individuals who would subsequently become Fellows) served with distinction in many theatres



of war. So far as the soldiers were concerned, the pattern of deployment varied between Australians and New Zealanders. Together in Greece and Crete, and in the early North African campaigns, they were separated after Japan irrupted into the war. The Australians came home to fight a war on their own northern doorstep,⁸ whereas the New Zealanders for the most part remained in the Mediterranean theatre until the end in Italy, while a meagre division was raised to participate in the Pacific war, and in particular the Solomons campaign. Between them, therefore, the two countries' military surgeons performed their trade over much of the globe.

As for the naval and air force medical officers – well, one of the first Fellows to be involved in a naval action was Cecil Pittar, ophthalmologist of Auckland. Snatched from home and practice at ninety minutes' notice, he scrambled aboard as the cruiser *Achilles* cast off on 29 August 1939. On 13 December *Achilles*, with her frail consorts *Ajax* and *Exeter*, hounded the German pocket battleship *Graf Spee* into Montevideo, from where she emerged four days later only to scuttle herself in the shallow waters of the River Plate estuary.

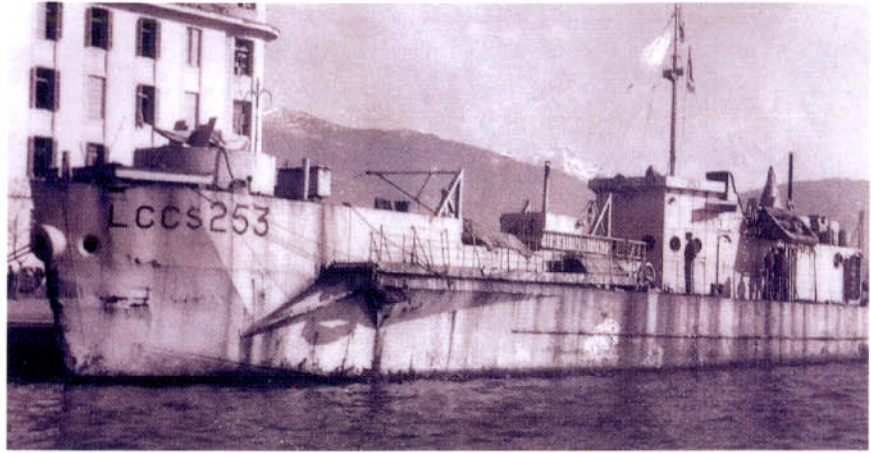
Rowan Nicks, who became a Fellow in 1949, was in England when war broke out. Rebuffed in his efforts to join the New Zealand forces from there, and armed by now with the English Primary as well as the more potent qualification of friendship with 'G²T', he joined the Royal Navy. His war was (as a chapter title in his autobiography confirms) 'the making of a man'. It culminated in the Adriatic, where he ran a floating CCS – the converted landing craft *LCCS 253* – while a naval inshore squadron harrassed the retreating Germans along the Dalmatian coast. (Naturally enough, he was on the scene when violence erupted in Athens at Christmas 1944 – he has always had the knack of being where the action is.)

As we have seen, Victor Hurley, a future president, was head of the RAAF medical service throughout the war; another future

Cecil Pittar (Fellow 1937) joined the cruiser *Achilles* - rather abruptly - in time to take part in the humbling of the German pocket-battleship *Graf Spee* off the River Plate in December 1939.



Rowan Nicks was decorated for his work in charge of LCCS253, a floating casualty clearing station which operated in the Adriatic in 1944. That year he spent Christmas involved with a nasty civil war in Greece.



president, S.F. Reid, was on Hurley's staff early in the war, before gaining a posting as medical officer with 3 Fighter Squadron. Reid served later in New Guinea in the rank of wing commander and was awarded an OBE. (He also found time to acquire his Australasian Fellowship in 1944.) Yet another future president, Evan Raine of Wellington, not long out of medical school, served as an air force medical officer in the Pacific.



Fresh out of medical school, Evan Raine (president 1974-75) served as an RNZAF medical officer in the Pacific.

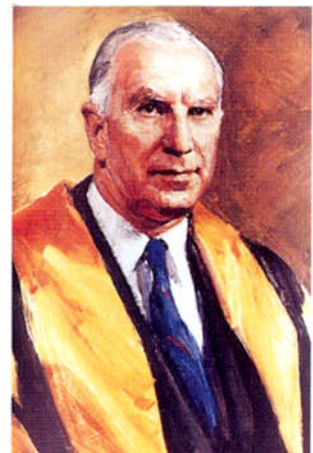
In the army, many of those who were already Fellows reached high rank. Downes was succeeded as Australian DGMS in 1941 by F.A. Maguire of Sydney, who brought with him a CMG and DSO from the First World War. The successor to Hailes as Consulting Surgeon was a Melbourne orthopaedic surgeon, C.W.B. Littlejohn MC, Rhodes scholar and a noted oarsman in his time, who was with 4 Australian General Hospital as a surgeon in Tobruk before the tide of war brought him to the New Guinea campaign.⁹

K.W. Starr became a Fellow in 1940; then – as befitted the son-in-law of Sir Neville Howse, and regardless of a medical grading as B – he served in the Middle East, commanded 113 General Hospital back

Right: C.W.B. Littlejohn was a noted oarsman and Rhodes scholar in his youth; he is credited with devising the Tobruk splint, and later succeeded W.A. Hailes as consulting surgeon to the Australian forces.



Right: K.W. Starr served in the Middle East and later the Moluccas, in spite of a medical grading as B. His father-in-law, Sir Neville Howse, would have approved.



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in Sydney for a time and then returned to active service at Morotai in the Moluccas. He had time to contribute to the War History before becoming a member of Council in 1955 and president 1964-66.

Another 1940 Fellow would become a councillor in 1955 after a distinguished war record. This was Robert Officer, who left a reputation at St Mark's Hospital in London (for his invention of the Officer drip) when he returned to Australia and the staff of the Alfred Hospital. He served with 2/1 Australian CCS in the first Libyan campaign of January 1941, when 6 Australian Division, as part of O'Connor's army, captured Bardia to give the Allies their first sniff of victory in North Africa. He was in Syria applying the lessons learned in the Desert and in 1943 returned to Australia to head a research team to develop the clinical and service applications of penicillin. In 1946 he became consulting surgeon to the Australian Forces and died in 1958, at the age of only 52.

Orm Smith, a little older, was another 2/1 CCS surgeon in that advance, who picked up an MBE and a mention in despatches. (The small brass oak leaf on the ribbon of the War Medal signifies much more than its size might suggest.) He was transferred to 2/2 AGH before joining the move to the south-west Pacific. His army junior and College successor, John Loewenthal (President 1971-74), wrote of him that:

In many ways he revelled in the action, colour and drama of campaigning, and in the warm comradeship that, in those days, was so freely offered and accepted between men... He could be sternly critical of his juniors but could also show them great kindness... After disembarking [after the return from the Middle East] a few of us young 'general duties captains' were despatched to the Royal Melbourne Hospital for a month's refresher course in surgery under Orm Smith's direction. He was instructor, friend and father figure to us during this period... We all knew that inevitably we would be going to a war in New Guinea which promised little comfort. He kept a very gentle rein on us.¹⁰

In 1942 Douglas Stephens (son and namesake of the first full-time



Douglas Stephens, seen here with his friend and future Council colleague Clarence (later Sir Clarence) Leggett, gained a DSO as a major in 1942. Clarrie Leggett's MBE was awarded for service in New Guinea.

paediatric surgeon in Victoria, and one who was himself to add lustre to the specialty) gained the notable award of a DSO as a major – and DSOs won by majors have a special standing. His citation recorded:

His abundant energy and coolness under fire, keeping the RAP supplied with ambulance vehicles, enabled very quick clearing by the RAP of the wounded. On 26 July in particular, his frequent visits to the RAP under shell and machine gun fire were invaluable in this direction.

His father, Douglas Stephens senior, was brought out of retirement over these war years, into the service of the Royal Children's Hospital in Melbourne where his son would subsequently gain distinction.



George Gower, of Hamilton in New Zealand, had been introduced to orthopaedics by Sir Robert Jones in the First World War. In the Second he commanded 3 NZ General Hospital before becoming DMS.

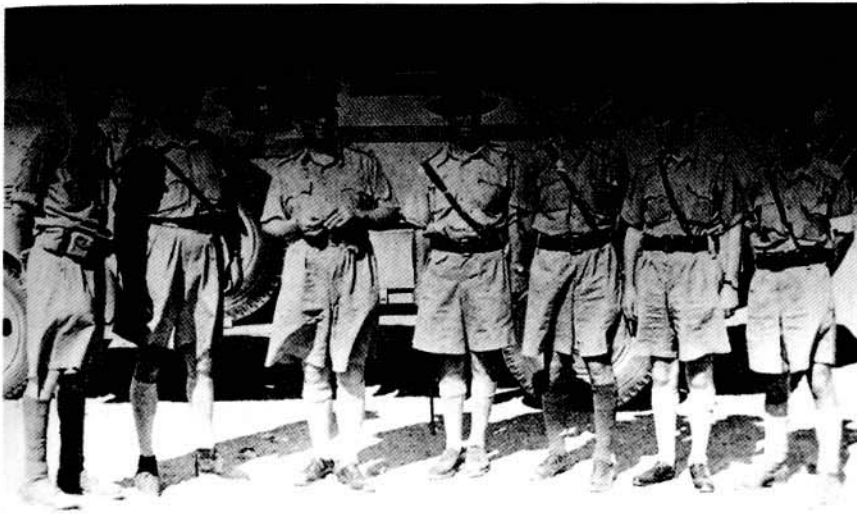
Among the New Zealanders, George Gower, Kenneth MacCormick and 'Pat' Ardagh became brigadiers. Gower had been one of a group of New Zealanders introduced to orthopaedics by Sir Robert Jones during the First World War. He had combined general and orthopaedic practice in Hamilton, and for five years in the Second World War he commanded 3 NZ General Hospital before becoming DMS 2NZEF in May 1945. He came out of this war with a CBE.

MacCormick, with a First World War DSO, spent much of the Second as DDMS and (after Crete) DMS, finally handing over in April 1943; he was awarded a CBE and subsequently a CB. Describing the handover, Stout wrote in the official history: 'The efficient working of the New Zealand Medical Service as a whole was a tribute to Brigadier MacCormick.' Certainly MacCormick had been uncompromising in his striving after a high quality service. Of the reorganisation after Crete, for instance, it is recorded that:

there arose... a feeling that an insufficient number of senior and specialist physicians was being sent overseas. DDMS 2NZEF had no doubt that a similar position would arise very shortly in regard to trained surgeons, and suggested to DGMS Army Headquarters that representations on the matter be made to the ONS Medical Committee. He thought that if the New Zealand branches of the Australasian Colleges of Surgeons and Physicians were to review the number of trained specialists in 2 NZEF and eliminate those who were necessarily engaged in administrative capacities, they would not be satisfied that an adequate proportion of skilled clinicians had been supplied.¹¹

His remarks are of interest as marking the first occasion of which I am aware, on which the College was proposed as an independent arbiter on a matter of surgical standards. Previously it had striven, through hospital committees and the like, to effect improvements it saw necessary; now it was called upon, from beyond its own chosen area of activity, to serve as the 'honest broker'.

The third New Zealand Fellow to reach brigadier rank was P.A. Ardagh of Christchurch. He carried a DSO, MC and three wounds from the First World War; he began the Second in charge of the



An inspection of the NZ Mobile Surgical Unit at Maadi in August 1941. From left: Col F.P. Furkert (RACS Council 1960-64); Maj-Gen D.C. Monro, Consultant surgeon MEF; Brig K. MacCormick; Lt-Col L.J. Hunter; Col T.D.M. Stout, Consultant Surgeon 2NZEF, Brig P.A. Ardagh, Lt-Col S.L. Wilson (president 1961-62).

surgical division of 2 NZ General Hospital, then commanded 1 CCS in the Libyan campaign from late 1941 to mid-1942. He then advanced to become ADMS of the Division as far as Tripoli. In February 1943 General Montgomery sought to 'head-hunt' him as DDMS Eighth Army, but this would have proved administratively embarrassing (a colonial in charge of all the RAMC personnel in Eighth Army - how dreadful!); and as a compromise he became DDMS 30 Corps. When 30 Corps was later earmarked for the Normandy landings, he went with the Corps planners to England; here, two months to the day before the landings took place, he died.

It is proper to record that his son James, a medical student while his father was serving with 2NZEF, inherited his father's commitment: he did a couple of tours to Vietnam, commanded a field ambulance and also served on the New Zealand committee of the College. Indeed, he had wangled an earlier, rather informal, Vietnam foray as medical officer to a US unit of commando-like repute. On one jungle outing, he told me, he - ten years or more senior to his companions - lost enough fluid to be anuric for 36 hours; he began to wonder if he was in serious trouble! Like his father, he died young.

Stanley Wilson (Fellow 1938, President 1961-62) was a New Zealander whose war followed the Australian pattern of service in the Middle East and subsequently in the Pacific. At Sidi Rezegh in 1941 he was briefly a prisoner along with his patient Howard Kippenberger (the beloved Kip of New Zealand folklore).¹² At Alamein the following year he headed a surgical team which stiffened the dressing stations of the New Zealand field ambulances and, operating incessantly, was awarded a DSO (like Douglas Stephens, he gained his award as a major). On Guadalcanal in 1943-44 he commanded 2 NZ CCS with spectacular success.

Ardagh senior was one of five Australasian Fellows who lost their



A.E. (later Sir Albert) Coates had served as an infantry soldier at Gallipoli and in France before studying medicine. He was a hero to his fellow-prisoners on the Burma railway. His memorial statue was unveiled in 2000 in Ballarat.

lives in the Second World War. Of the others, we have already seen how profoundly Rupert Downes influenced the preparedness of Australian medical services: he translated from DGMS to become Inspector-General of his corps in 1941 and, four years later, was designated medical historian of the war that was now approaching its close. (One war earlier, he wrote the account of the Sinai campaign for the Australian war history.) In March 1945 he set out from Brisbane to fly to New Guinea as part of his planning for this history. Travelling with him in the DC-3 was Major-General George Vasey, on his way to command 6 Division; they ran into a tropical storm off Cairns and crashed into the sea. All aboard were killed.

The first Fellow on the College's roll of honour, in point of time, was Major Zelman Schwartz (Fellow 1930) of Melbourne, in April 1941. A month later Colonel William Elphinstone Kay DSO VD of Sydney (Fellow 1931), and in April 1945 Major D.P. O'Brien of Auckland (Fellow 1942)¹³ made up the five names that have appeared in successive handbooks under the legend *Non omino moriantur*.¹⁴

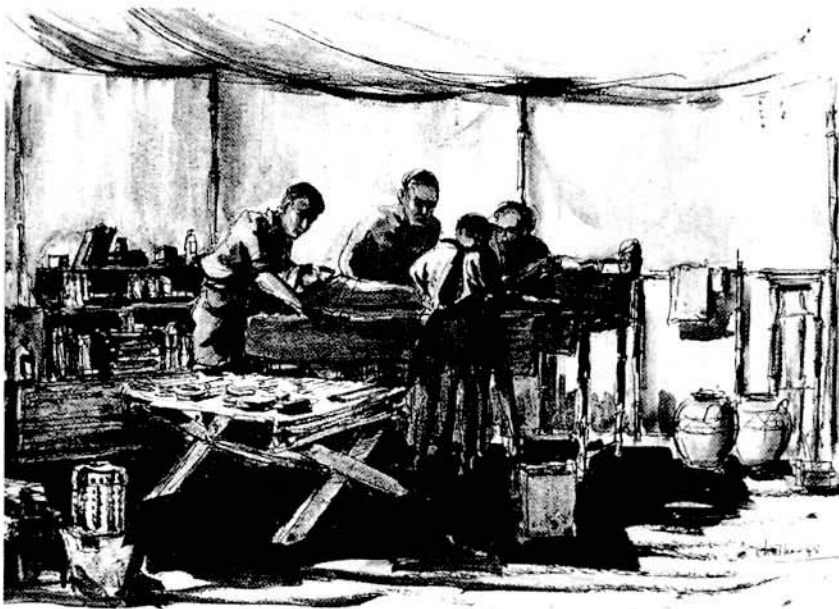
Next to those who lost their lives, the prisoners of war – certainly those who were prisoners of the Japanese – had the worst of it. Some were quite senior. Charles Osborn of Melbourne, a Fellow from 1928 and a senior surgeon at St Vincent's Hospital, was serving in Malaya when captured; he came through and served a term on the Council 1958-62.

His Melbourne colleague 'Bert' (later Sir Albert) Coates was a 1929 Fellow, having entered medicine after serving as an infantry soldier at Gallipoli and in France. At the beginning of 1942 he was a senior surgeon with 10 Australian General Hospital in Malaya. He was ordered to leave Singapore before the surrender, and did get away to Java, but here he elected to stay with his wounded and thereafter set an example of courage on the trail that led from Java and Malaya to the Burma railway. One of his fellow-prisoners wrote of him:

Albert Coates was our great hero... A very human man. He never let us lose sight of the fact that discipline was the only thing that would get us through. He had no affectation and we admired him for that.¹⁵

Others were younger: Howard Eddey and his friend Ian Heinz whiled away their time and (as John Heslop described it) acquired 'a certain notorious fame... for running a course in the basic medical sciences in the prison camps of Singapore and Malaysia'.¹⁶ Eddey had become a Fellow in 1941; Heinz would do so in 1949.

But the most notable of the 'young ones' was (Sir) Edward 'Weary' Dunlop. In 1939 he had an English Fellowship and a notable record as a rugby international. He enlisted by means of an exchange of cables with Rupert Downes, served in Greece and on Crete, oscillated between Syria and the Western Desert and then joined the Australian diaspora from Suez eastwards. The majority reached Australia,



(Sir) Edward 'Weary' Dunlop - surgeon, boxer, rugby player, prisoner of war - became an Australian legend. His fellow-captive J. Bridger-Chalker drew this sketch of him operating in an improvised theatre.

Dunlop in the transport *Orcades* fetched up in Bandoeng. Like Coates, he stayed with his sick and wounded when the Japanese overran the hasty Allied defences and so found himself embarked on an odyssey that took him, by way of the Burma railroad, to the status of an Australian legend. For by sheer force of personality (he had no other cards in his hand over those years) he imposed his will upon his captors.

In retirement and widowhood he and his old friend Rowan Nicks became College icons, moving in convoy at all available meetings. In my book on the College portraits, I wrote of Dunlop:

His nickname relates not to his demeanour (which anticipated the term 'laid-back' by a generation or more) but derives, I am told, from the sort of lateral thinking - Dunlop, Dunlop tyres, tires, tired, weary - that yields the most durable agnomina.

It is one of the embarrassments to which I referred in my introduction to this book that, when the *Portraits* book was launched, Weary Dunlop (though warned by his medical adviser that he had a touch of pneumonia and should lie low indoors for a few days) insisted on attending the function at the College. It was a wintry night; it was his last public appearance.

His funeral was Melbourne's biggest gathering since the last VFL final.

Dunlop, already an English Fellow by 1938, linked up with the Australasian College ten years later. The career of B.K. (Sir Benjamin) Rank, who was already training in plastic surgery in England at the outbreak of war, followed a similar but more direct pattern. He carried on briefly there, then joined his Australian colleagues in the



In 1940 W.M. (Sir William) Manchester was pulled out of his posting as a battalion RMO to be trained in plastic surgery. He went on to become the doyen of his specialty in New Zealand, and was a popular chairman of the New Zealand committee.



L.E. le Soeuf [Fellow 1931] of Western Australia was senior British medical officer at Elsterhorst, where the Germans built a hospital for prisoners of war. (He was succeeded in this post by W.H.B. Bull [Fellow 1955] of Wellington.)

Middle East before returning to Melbourne to command the plastic surgical unit at Heidelberg. Never one to waste time, he became an Australasian Fellow forthwith, in October 1943. He joined the Council, with Starr, in 1955, succeeding him as president in 1966.

A great many of their near-contemporaries matured as surgeons during – indeed as a result of – their wartime experience. Rank's New Zealand opposite number, (Sir) William Manchester, was one such: serving as RMO with 22 Battalion, he was seconded (along with F.L. Hutter) for plastic surgical training in Britain in November 1940. Manchester rejoined 1 NZ General Hospital for a time, then returned to New Zealand and the plastic unit at Burwood in Christchurch, assuming command in 1944. He served the College loyally and was chairman of the New Zealand committee 1970-72, being already an examiner. As the doyen of New Zealand plastic surgeons, he enjoyed the luxury of an eponymous lecture in his lifetime.¹⁷

His colleague Frank Hutter returned to the Division and finished the war as a roving plastic consultant to the three general hospitals; he retained his army involvement afterwards, rising to become DGMS 1957-66, in succession to W.H. Blinman Bull. Bull had been taken prisoner in Crete and in May 1944 succeeded Lt-Col L.E. le Soeuf of Western Australia as senior British medical officer at Elsterhorst – in the vicinity of Dresden – where the Germans had built a general hospital for prisoners of war. I am not aware that the Japanese contemplated such amenities: even in captivity, there are degrees of privation.

The war subjected many surgeons to danger and privation; it damaged the health and careers of some, but killed remarkably few. On the credit side, it matured surgeons and created lasting friendships.

The fluid nature of the Second World War gave perhaps fewer opportunities than had existed in France in 1917 for contact between the surgical leaders of the Allied countries. To some extent British and Australasian surgeons were able to get together in the Middle East and (in the case of the New Zealanders) in Italy as well. And the role of Australia and New Zealand as bases for the Americans' Pacific campaign did provide the chance of a closer American-Australasian association. I am inclined to the view that the fact of 'speaking the same language', later on, about wartime experiences, counted for as much as wartime contacts themselves.

I have already referred to visits by naval surgeons such as Gordon-Taylor and Lambert Rogers. At least one more junior naval surgeon, H. Jackson Burrows, serving with the British Pacific fleet in the latter part of the war, went further, submitting himself to examination and becoming a Fellow in December 1945, before returning to London and a distinguished career in orthopaedics. Antipodean trainees who obtained posts at the Royal National Orthopaedic Hospital found in him a true friend, and his visit to these parts in 1961 was for him quite a sentimental journey.¹⁸

THE IMPACT OF WAR

Apart from its personal impacts, this war had a credit side in the advances it helped bring about. Antibiotics, blood transfusion and resuscitation procedures, improvisations such as Littlejohn's Tobruk splint which had subsequent indications in orthopaedic management – all these represented surgical progress. The lessons on wound management – lessons about wound toilet and wound closure, about the handling of multidisciplinary trauma – that have to be re-learned each war, each generation, were duly re-learned. At least to that extent, A.J.P. Taylor was correct.

When the College retrieved its building after the end of the war, it was to find that it had become universally known as 'the Red Cross building'. This misconception was remedied only when the name of the College, in bronze letters, was affixed to the architrave of the portico. The naval visitors of 1945, Gordon-Taylor and Lambert Rogers, commented on the 'fresh and blooming condition' of the building, and contrasted it with the disfigurement the Luftwaffe had wrought in Lincoln's Inn Fields.

The local College already possessed a touching memento of the events of 10 May 1941:¹⁹ in 1943 the English College sent a book from its shattered library, a copy of Willis's *Anatomy*. Illustrated by Sir Christopher Wren, it came with a list of the Wren churches that had been destroyed by bombing. Touched by the plight of its English colleagues, the Australasian College opened a Restoration Fund which attracted some £1400.



H.J. Burrows, serving as a medical officer with the British Pacific fleet in 1945, was diligent enough to become FRACS by examination before returning to a distinguished orthopaedic career in London.



The morning after the Luftwaffe's visit in 1941, the bust of Sir Richard Owen sat defiantly among the ruins of the English College building. Sir Arthur Keith, one of Owen's successors as conservator of the Hunterian museum, is sorting through the rubble in the background.

NOTES

1. The six were: Newland, Newton, Poate, Gordon Bell, George Bell and Hurley.
2. Lilian Cooper spent twelve months (at the age of 55) with the Scottish Women's Hospital, treating the wounded in Serbia. She was one of two women who became Foundation Fellows (the other was Constance Elizabeth D'Arcy DBE).
3. From the outset there was a good deal of collaboration between the two colleges. The physicians' first council meeting was held at Spring Street on 29 April 1938; here space was set aside for the local committee of the physicians, who reciprocated with facilities for the surgeons when they took possession of 145 Macquarie Street in Sydney. There, in a further exchange of courtesies, 'the Council table with its inlays and hidden drawers' (to quote Winton's RACP history, *Why the pomegranate?*) was the gift of the surgical college.
4. Newton was called on to propose the health of the bridal couple at the marriage of the young woman who had been his secretary at the medical equipment control committee. He could not vouch for her cooking, he admitted, but he did know that she would be able to lay hands on an infinite supply of bismuth at a moment's notice.
5. Address by the Rt Hon. R.G. Menzies at Wesley Church, 4 September 1949. *RACS Archives*, SB44/9/21.
6. In his 1998 BA(Hons) thesis, *The rise of the Royal Australasian College of Surgeons in Queensland*.
7. Laidley had also been the first holder of the Gordon Craig Fellowship in Urology at the Royal Prince Alfred Hospital in Sydney – such are the interlacing threads in the story. He died young in 1955.
8. In this redeployment 9 Division remained in the Middle East a year longer than the rest of the Australian force, returning at the end of 1942.
9. Littlejohn is credited with having devised the Tobruk splint, in which an injured lower limb (typically a fractured femur) was supported on a Thomas splint and the whole lot then encased in plaster of Paris. It made the transport of casualties over rough ground a much less painful experience.
10. Loewenthal, J (1972) Julian Ormond Smith, *Aust. N.Z. J. Surg.* 41: 297.
11. Stout, TDM (ed.) (1956) *New Zealand medical services in Middle East and Italy*, Wellington, War History Branch, p.237. The ONS (Office of National Security) medical committee included the Director-General of Health; Sir Donald McGavin representing the BMA; the DGMS, Major-General Bowerbank; and F.J. Fenton of the Health Department.
12. Major-General Sir Howard Kippenberger KBE CB DSO ED has been described as 'the archetypal New Zealand citizen soldier'. He put his age up to serve and be severely wounded in the First World War, then practised as a lawyer in a small Canterbury town while devoting his leisure to the Territorial force between the wars. He commanded 20

THE IMPACT OF WAR

Battalion in the early stages of the Second World War, serving in Greece and Crete, and was wounded again shortly before his promotion to brigadier at the end of the 1941 Libyan campaign. He took over 2NZ Division from Freyberg from time to time, and at Cassino had just assumed command when, descending Mount Trocchio after a reconnaissance, he trod on a landmine and lost both feet. Despite continuing pain, he took an active part in post-war affairs, being editor-in-chief of the War History and national president of the NZRSA. He found time to write his personal account, *Infantry Brigadier*, which was widely acclaimed. Because readers outside New Zealand may be unfamiliar with this heroic yet unassuming man, it has seemed proper to touch briefly on his career. (He might be said to have combined the modesty of Bert Coates, the courage of Digger James and the charisma of Weary Dunlop.)

13. O'Brien died in Egypt about one week before the end of Hitler's war, after running a Field Surgical Unit which 'stiffened' the surgical capability of 1CCS in Italy. He had possessed his Australasian Fellowship for three years, spent entirely at war.

14. In the singular, *Non omnis moriar* (Horace, Odes, book 3, no. 30.). My Latin is rusty, but I suspect that *omino* in the plural version – which appeared in successive editions of the College handbook – is a misprint for *omnino*.

15. Adam-Smith, P (1992) *Prisoners of war from Gallipoli to Korea*, Melbourne, Viking, p.482.

16. Heslop, JH (1986) *Aust. N.Z. J. Surg.* 58: 533.

17. The correspondence columns of the *New Zealand Medical Journal* for 28 July 2000 included a letter headed 'Obituaries?' It read:

I was saddened to read in the Journal of the 26th May 2000 that Alan Foate had died. I remember him warmly as an extremely competent and conscientious man...

You can imagine my surprise when I learned from the obituary that I had become 'the late WM Manchester'. I could not help remembering... Mark Twain... 'The report of my death was an exaggeration'.

The editors rose to the occasion. Across the page they drew attention to the letter and went on:

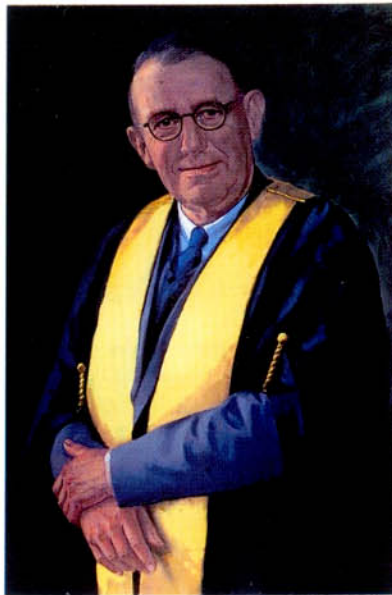
We are pleased to report that Sir William is alive and well.

Furthermore, he has forgiven us our error.

And, yet furthermore, he preserved – thirty years on – the sense of humour which made him such a popular chairman of the New Zealand committee. But time is inexorable, and Sir William Manchester died on Christmas Day 2001.

18. When the *Journal of Bone and Joint Surgery* reviewed the first half of the twentieth century in a commemorative issue in 1950, the account of orthopaedics in Australia was written by Jackson Burrows. It is a most valuable account.

19. That night the Luftwaffe drenched London in a mixture of high explosive and incendiary bombs. The College of Surgeons had moved its treasures, notably those in the Hunterian museum, into a deep basement; but falling masonry opened up a cleft through which flames could enter. About three-quarters of the collection was destroyed, as well as much of the fabric of the building.



W.A. Hailes was Consulting Surgeon to the AIF, and at the same time censor-in-chief of the College. He foresaw a situation in which admission to the Fellowship would be by way of an exit examination after the surgical experience deemed necessary by the Founders.